CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1960

BY THE

MEDICAL OFFICER OF HEALTH

CONTENTS

PAGE

Introduction ... 3
Members of Health Committee ... 24
Health Department Staff ... 25
Vital Statistics ... 27

Child Health—

Maternal and Child Welfare ... 37
School Health Service ... 67

Prevention of Illness—

Health Education ... 101
Prevention of Home Accidents ... 108
Prevention of Tuberculosis ... 110
Disinfection ... 119
Rehousing on Health Grounds ... 119
Port Health Supervision ... 120
Immunisation and Vaccination ... 121

Control of Infection—

Infectious Diseases ... 128
Bacteriological Services ... 139
Venereal Diseases ... 142

Domiciliary Services—

Home Nursing ... 146
Home Helps ... 149
Almoner ... 150
Nursing Homes ... 151
Sighthill Health Centre ... 151
Mental Health Services ... 155
Welfare of the Aged ... 163
Sanitary Services ... 167
Veterinary Services ... 209
Index ... 226

ILLUSTRATIONS

New Clinic, Corstorphine ... *facing page* 44
Dental Propaganda Display ... ,, ,, 72
Clean Air Exhibition ... ,, ,, 102
Mental Health Exhibition ... ,, ,, 103

PUBLIC HEALTH DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1.

To: The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1960.

This has been another active year of public health work in Edinburgh and among the most significant features have been the developments in the mental health field and the continued efforts to combat the smoke menace and to attack insanitary houses in the city.

Mental Health

This was World Mental Health Year. It was also the year in which the Mental Health (Scotland) Act 1960 received the Royal Assent. The Act will not come into operation until next year but it marks a new and exciting era in the history of the care and after-care of the mentally disordered and its impact has already been felt. The emphasis on community care which is a special feature of the Act places a heavy responsibility on the local health authority and will entail a great deal of careful thought and consideration in the months to come. Very considerable progress on these lines has, of course, already been made by the Health Committee and details of the important care and after-care services of recent years are given in the appropriate section of this and previous annual reports.

Particular mention should be made, however, of the continued success of the special day centre and of the short-stay residential unit for handicapped children at Willowbrae House and of the in-service training of health visitors. By the end of the year more than half of the health visitors had had the benefit of the admirable theoretical and practical instruction which has been so willingly arranged by the staffs of the mental hospitals serving the city. The Committee has also given further consideration to the setting up of a hostel for high-grade mentally handicapped male patients at Eversely House.

If the aims and objects of the new Act are to be achieved, however, the willing and active support of the general public will be essential, and it was to foster this greater community understanding of the problem that the Health Committee approved the holding of a Mental Health Exhibition in November of this year. This was an ambitious project because the subject does not lend itself readily for exhibition purposes. Moreover, the only hall available, although admirable in other respects, had the disadvantage of not being centrally situated. That the Exhibition was an undoubted success and achieved its aims is shown not only by the number of visitors but by the answers to the questionnaires which were completed by a significant proportion of those who attended. This is a tribute to the planning, thought and skill of the Senior Medical Officer for Health Education and Research and his health education team who had the valuable assistance and advice of the Regional Hospital Board, the Ministry of Labour, various voluntary agencies and other Corporation Departments.

While an understanding attitude by the public is essential for progress, a comprehensive and satisfactory service will depend on the close liaison and co-operation of many diverse agencies, and particularly between the three branches of the health service. Mention has been made in previous annual reports of the small technical working party with representatives of the Regional Hospital Board, Local Executive Committee and the Corporation, which were considering the co-ordinated development of services for the mentally disordered in the city. The working party presented its report during the year and its recommendations received general approval by the three representative bodies. One of the most important results was the setting up of a medical co-ordinating advisory committee consisting of the Physician Superintendents of the mental hospitals serving the city, the Child Psychiatrist, the Professor of Psychological Medicine, Edinburgh University, three general practitioners, the Senior Administrative Medical Officer of the Regional Hospital Board and the Medical Officer of Health and Senior Medical Officer for Mental Health for the city. This Committee, which is " to advise on the development of a unified mental health service and on research and education of the public in mental health matters " has now been constituted and, with the wide experience and knowledge which it can bring to bear on all aspects of the problem should prove of great value in co-ordinating and developing services in the city in accordance with the aims of the Mental Health Act.

Dr K. W. Matheson who acted as secretary to the Working Party and who played a conspicuous part in drawing up its report resigned as Senior Medical Officer for Mental Health Services on his appointment as Deputy Medical Officer of Health, Nottingham. The development of the care and after-care services of recent years has been due in great part to his planning and initiative and, in wishing him every success in his new post, the Health Committee will wish to record their deep appreciation of his progressive ideas and conscientious service in building up and administering the mental health section of the department.

Clean Air

Reference was made in last year's annual report to the decision of the Corporation that Edinburgh should become a smoke controlled city within a period of fifteen years and to the programme approved by the Health Committee to accomplish this task in three 5-year phases. During 1960 two smoke controlled areas were confirmed by the Secretary of State, one in the central area of the city and the other at Sighthill. There are now three smoke controlled areas in operation affecting 4,579 premises. In addition the new housing estate at Gracemount is controlled by missive of let and the Sighthill Industrial Estate was created, in 1957, a smokeless zone under local powers. Preliminary survey work in connection with future developments in the Central, Sighthill and Corstorphine areas was also carried out during the year. As regards industrial smoke, new boiler plant and the improvement of existing plants were introduced into twelve industrial and commercial premises. Considerable progress has, therefore, been made to combat the smoke menace and free the city from grime and dirt but a great deal remains to be done.

The successful solution of this important public health problem will entail much time and work of officials but, above all, it will demand the co-operation of the general public who, appreciating its significance, will give willing and active support. It was to further this necessary community understanding that a Clean Air Exhibition was organised during February. The Exhibition, which was held in central premises, was opened by the Lord Provost and was designed in four main sections. The first three sections, dealing with public health aspects, set out in striking and attractive stands the present problem, the progress so far achieved and Edinburgh's plans for the future. The remaining section which was arranged by the Gas Board, Electricity Board and Coal Utilisation Council demonstrated modern smokeless methods of heating. The Exhibition was well attended and aroused considerable interest but much more publicity on these lines is required. It is essential that the people should understand the problem and the part they can play and it is intended to transport the various exhibition stands for display in different areas of the city, particularly in those where smoke control orders are imminent.

Lung Cancer

This has been, in general, a very satisfactory year from the health point of view. Indeed the infant mortality rate and notifications from pulmonary and non-pulmonary tuberculosis were the lowest ever recorded in Edinburgh, while for the first time there was not a single death from non-respiratory tuberculosis. A notable exception, however, to this favourable trend was the increase in deaths from lung cancer. The upward movement in mortality from this cause, which has been apparent for some years, continued in 1960 and the 313 deaths were seventeen more than last year and double those ten years ago. The increase was entirely among men. In fact female deaths were only one more than in 1959. When male deaths from lung cancer are considered separately, the increase in mortality is almost two and a half times that of 1950. Nowadays one out of eleven deaths amongst men from all causes is due to cancer of the lung and a point of significance is that 56.5% are among those under 65 years of age. These figures are a further justification, if this were required, of the Health Committee's vigorous Cigarette Cancer Campaign described in last year's Annual Report and underlines the need to continue to remind the public and especially young people of present knowledge of the relationship between cigarette smoking and this painful and fatal disease.

Vital Statistics

The Registrar-General's extract of the population of the City at 30th June 1960, on which the appropriate vital statistics are calculated was 471,585. This is an increase of 2,186 on last year's figure and continues the upward trend noted since 957. The present estimate is 4,824 above the population at the 1951 census. The proportion of the population over 65 years is now reckoned to be 12.4% as compared with 4.4% and 7.7% in 1901 and 1931 respectively.

The birth rate at 17.9 per thousand of the estimated population was the highest for thirteen years, the number of births in the City being 293 more than last year and 579 over the number in 1958. This increase in births has had its impact on a number of public health services, notably on the domiciliary, and on the work of the home helps and health visitors. Illegitimate births were 5·2% of all live births, a higher ratio than in the past two years, so the downward trend of recent years has been, perhaps temporarily halted. There were 166 stillbirths registered, giving a rate of 19 per thousand total births, which is similar to that of the past three years.

Deaths from all causes, 5,940, were equivalent to a death rate of 12.6 per thousand of the estimated population. This is the lowest rate for seven years and, while equalled twice before, has only been surpassed in 1948, 1949 and 1953. The principal causes of death were heart disease 39%, malignant disease 20%, nervous diseases 18% and respiratory diseases 8%. The age group 65 years and over accounted for 3,979 or 67% of all deaths.

The number of infant deaths during the year was 178, giving an infant mortality rate of 21 per thousand live births, the lowest ever recorded in the City. The significance of this achievement in the saving of infant life is perhaps better appreciated when it is remembered that 25 and 50 years ago the infant mortality rates were 70 and 103 per thousand live births respectively. Congenital anomalies, birth injury and immaturity were again the chief causes of death in early life.

Relative Cost of Individual Services

The relative percentage cost of the various local authority health services as shown in diagrammatic form on page 36 may give the impression of too heavy loading in favour of the early age groups. It should be remembered, however, that these figures are not necessarily a direct index of the value or emphasis placed on any particular service nor of its stage of development. Certain important functions of the Public Health Department can operate effectively without involving any considerable financial expenditure whereas the cost of others like the day and residential nurseries is inflated by staff salaries and uneconomic premises. Services like vaccination and immunisation, health education and mental health cannot be separated into isolated compartments financially when these functions of the local health authority are undertaken in varying degrees by all members of the medical and health visiting staff. Closer examination of the way in which the expenditure is built up for the maternity and child welfare and domiciliary services reveals that each year as knowledge advances, an increasing proportion of the time of each member of the staff is concerned with health education and mental health work. Similarly, an undefined proportion of the expenditure on the domiciliary services, health visiting and home nursing might well be allocated to prevention, care and after-care.

Home Accidents

This year there were only five deaths of children under one year from accidental mechanical inhalation; four from the inhalation of vomited matter and one from overlaying. This is encouraging because 10 years ago the number was 19 and since 1950 there have been an average of 14 deaths from this cause. Six children in the one to five age group died from accidents, three out of doors, two from street accidents and one, a little girl, who died from burns received when her clothing caught fire playing with matches. The three domestic accidents were caused in two instances by swallowing poisonous substances; the remaining child was drowned in the bath. Deaths from home accidents at all ages totalled 119, the lowest figure for six years. Fifty-eight were due to fractures in persons over 65 years of age, while there were 35 from gas poisoning, again mainly in the older age groups.

Details of the 771 non-fatal accidents intimated to the department are given on page 107 of the Report. This is a reduction of 11 as compared with last year, but too much reliance cannot be placed on these figures as they depend, of course, on the completeness of reporting from hospitals.

Home accident prevention continues to be given an important place in the work of the department, not only in individual and group teaching by health visitors but in general propaganda and in lectures and talks arranged by the health education section. The fireguard scheme administered on behalf of the Home Safety Committee of the Edinburgh Accident Prevention Council has now been in operation for nine years. By the end of 1960 2,635 fireguards were on loan to families with young children or to aged or handicapped persons. This scheme has an influence much wider than simply ensuring protection of children in many families in the city because often the home which has a fireguard on loan acts as a centre of propaganda to others in the same street or neighbourhood. The Home Safety Committee has under consideration the introduction, on an experimental basis, of a similar loan scheme for the Crayleigh Cooker Safe-guard in an effort to reduce the many serious scalding injuries to young children caused by the pulling over of pots and pans with hot liquids.

Care of Mothers and Young Children

The number of child welfare centres throughout the City remained at 29, but a new centre at Featherhall Avenue, Corstorphine, was opened in July and provides up-to-date facilities not only for child welfare purposes but for dental services and the distribution of welfare foods. During the year 12,844 children, 7,279 under 1 year and 5,565 between 1 and 5 years paid 76,051 visits to the various child welfare centres for advice, guidance and supervision by the Medical Officers and Health Visitors and for immunisation procedures against infectious disease. The number of infants who attended was an increase on last year, continuing the welcome upward trend which has been apparent for the past few years. On the other hand there were fewer older children, a reduction probably due to the fact that in the last few years many attended mainly in connection with the poliomyelitis vaccination scheme. Although accurate figures are difficult to obtain, it is estimated that approximately 55% of infants under 1 year and 15% of children between 1 and 5 are brought to the various centres.

There is only one ante-natal clinic provided by the Corporation, at Niddrie, those attending being booked for confinement at the Elsie Inglis Maternity Hospital. During the year 190 women received advice and supervision of whom 145 were new patients.

A health education and mothercraft class commenced at the Portobello centre, the first held for some years.

The infant feeding centre at Portobello, which has now become a permanent feature in the summer months, was again in operation for the eighth year in succession. The centre was used by an increased number of mothers. Indeed the figure of 353 attendances was the highest since the summer of 1955.

Distribution of welfare foods continued at 38 centres throughout the City. There was a further fall in the uptake of national dried milk. Fewer bottles of cod liver oil were also distributed, although the decrease was not of significance. On the other hand there were again increases in the uptake of Vitamin A and D tablets and orange juice concentrate.

Day and Residential Nurseries

The Health Committee continued to provide 14 day nurseries and 3 short-stay residential nurseries. Preparations are, however, in an advanced stage to provide a new day nursery at Gilmerton to cater for the needs in this residential area. The day nurseries, with 660 places, had an average of 690 children on the roll during 1960 and an average daily attendance of 78%, figures very similar to those of recent years. Admission remains on a strict priority basis and a review in November of the year showed that 98% come within the first two priority groups laid down by the Committee. Only 2% were admitted for temporary care alone. The waiting list for day nursery care was 781 at the end of the year and the Principal Medical Officer gives an interesting summary of the main difficulties, other than those falling into the priority groups, advanced by parents when requesting their children's admission. It appears that there is an increasing need for temporary care of children for a few hours on days when the mother has to attend hospital for treatment.

The three residential nurseries with 60 places had a particularly busy year, no fewer than 767 children being admitted, 50 more than in 1959. This increased demand for residential care was in large measure a reflection of the greater number of births in the City, no less than 392 of the children being admitted because of the mother's confinement or illness during the ante-natal period.

The Hostel had again its full complement of 18 student nursery nurses. It is still difficult to recruit sufficient local girls to staff the nurseries adequately and it is necessary to accept students from many different parts of the country and to provide them with suitable residential accommodation while undergoing training. The number of child minders now registered in the city is 14, providing care for 223 children. There are 4 registered nurseries with accommodation for 81 young children.

Health Visiting

There were at the end of the year in addition to the Superintendent, Assistant Superintendent and Tutor for the Health Visitor Training Course, 96 health visitors engaged in the care of mothers and young children, in the school health service, in medico-social work, in connection with venereal disease prevention and in many other duties including the care of the elderly, home accident prevention and special investigations. Further progress was made in the integration of these various duties in the same health visitor and at the close of the year, while 12 were working solely in the school health service, 3 on tuberculosis control and 3 on special duties connected with health education, home accidents and venereal disease prevention, the remaining 78 health visitors were undertaking combined duties. This is a notable accomplishment and does great credit to the efficiency and devoted service of the Superintendent and her staff.

Some idea of the work undertaken by the health visitors is shown by the fact that in addition to their work at the different centres, hospitals and clinics, they paid some 180,000 visits during the year to give advice and guidance in a variety of circumstances. There were, in addition, almost 30,000 " waste " visits. These waste visits are a serious problem because they take up so much valuable time which can be ill-spared. They are unfortunately necessary evils and in an endeavour to find a solution the Corporation agreed in October to the appointment of a welfare assistant on a trial basis to make the initial contact in cases of doubt before the health visitor pays her usual visit. This is an interesting experiment and it may be that in addition to reducing " waste " visits the welfare assistant may be able to relieve health visitors of some routine duties which do not require their skill and experience. Another significant feature of the year was the appointment of two group advisors, a new and higher grade of health visitor which was one of the recommendations of the Report of the Working Party on the Recruitment and Training of Health Visitors.

Heavy demands continue to be made on the staff by hospitals, general practitioners and in connection with special investigations. Particular mention should be made to the survey on staphylococcal infection in families which is being carried out in co-operation with the Medical Research Council's Committee for research in general practice. Started last year, this is proving a most useful project, not only because of its scientific importance but because it has been the means of fostering an even closer mutual understanding between the health visitors and many general practitioners in the City.

There is evidence of increasing co-operation in other directions. Reference has been made previously to the in-service training in mental health for health visitors given at the three mental hospitals serving the City. This has been a memorable experience for the health visitors, but at the same time it has been the means of enabling the hospital staffs to gain greater insight into the nature and value of the health visitors work. There is also much closer co-operation with hospitals. During the year arrangements were made for a health visitor to pay regular visits to the Children's Department of the Bruntsfield Hospital for Women and Children. This means that liaison is now maintained with all the children's hospitals and units and with the maternity, geriatric and mental hospitals in the City.

This year the health visitors carried out the routine testing for phenylketonuria of all babies born in Edinburgh. A total of 8,239 infants were examined and two who gave a positive reaction to the urine test are now receiving hospital treatment and supervision. Screening tests to ascertain deafness in young children were continued and of 864 examined, 16 failed to pass the test. Confirmation of deafness was made by the Oral Surgeon in two cases and these children were referred to the School for the Deaf. Deafness in two other children was due to enlarged tonsils and adenoids and, after operative treatment, normal hearing returned. Of the remainder, four, on more detailed examination, were found to be not deaf and the other eight are still under observation.

The Health Visitor Training Course had 23 students last year and all were awarded the Health Visitor Certificate after examination. Five of the students were appointed to the Edinburgh Health Visiting staff. The enrolment for next year's Course was again lower than in previous years, only 24 students commencing training. The structure of the new Central Training Council for Health Visitors is still under discussion.

Domiciliary Midwifery

The domiciliary midwives had a particularly busy year which, of course, was a result of the higher birth rate. No less than 1,478 or 17.5% of the total births to Edinburgh citizens took place at home, which is a very considerable increase on past years. Indeed, it is necessary to go back to 1951 to find a comparable number of home confinements. On the other hand, the proportion of domiciliary births showed little change.

As in previous years domiciliary midwifery was undertaken by 14 full-time midwives directly employed by the Corporation and by agency arrangements with the Queen's Institute of District Nursing, the Simpson Memorial Maternity Hospital and the Elsie Inglis Maternity Hospital. Corporation midwives attended 992 or 67% of all births at home; the Simpson Memorial Maternity Hospital midwives attended 283 and the Queen's Institute of District Nursing 129. Of the remaining 74 home confinements 62 were undertaken by midwives from the Elsie Inglis Maternity Hospital, 5 by private maternity nurses, 4 by medical practitioners only, while 3 births were attended by neither doctor nor midwife.

The Corporation midwives operate from 5 centres and, with the supply during the year of a pool car to Crewe Road Home, all now have their own transport. The popularity of trilene analgesia at home confinements is shown by the fact that of the 2,236 analgesics administered at births attended by local authority midwives, trilene was used in no less than 1,201 instances but pethedine is now being increasingly used. As mentioned in last year's Report, the midwives are now supplied with low-reading thermometers to guard against the danger of neo-natal cold injury. The importance of this preventive measure is shown by the fact that cold injury was diagnosed in two infants during the year, one responded well to treatment and recovered, but unfortunately the other died despite skilled hospital care.

Home Nursing

The important home nursing function of the Corporation continued to be efficiently undertaken by the Queen's Institute of District Nursing on an agency basis and many homes in the City have reason to be deeply grateful to Miss Gilmour, the Superintendent, and her staff. A total of 306,003 visits were paid to 8,743 patients during 1960, figures which, while somewhat lower than last year, do not mean any lessening of work. The nature of the nursing help required has tended to change in recent years. Visits for injection therapy, especially in connection with the domiciliary treatment of tuberculosis are now much less frequent but there is increasing demand for the nursing care of older members of the community. Nearly 200,000 visits were paid to 3,675 patients over 65 years in 1960 and these visits to older people take up much of the nurses' time nowadays. Visits are often needed twice or thrice daily and not infrequently evening calls up to midnight are required. In fact in 1960 5,000 of these evening visits were paid. Nor is the nurse's work finished when the immediate illness or disability has passed because it is recognised that her care is not complete until every effort has been made to effect the fullest rehabilitation of the patient by instilling self-confidence and self-reliance.

During the year two pool cars were provided, one for Morningside and Fairmilehead and the other for the Blackford area, and these have enabled the nurses to overtake their duties much more effectively. The services of the 4 male nurses were again in constant demand by general practitioners. There is an increasing need for the help which male nurses are particularly suited to give but unfortunately it has not been possible so far to recruit additional staff. The training of a Queen's Nurse with general and midwifery qualifications has been reduced to three months, while, for the nurse who has general training only, it is four months. The previous periods were four and six months respectively. A shorter District Nurses Training Course has been approved by the Secretary of State which, while retaining a high standard of instruction, allows the student nurse much greater time for study. It is hoped that this new course, with its official recognition, will attract many more nurses to a service which is not only satisfying in itself, but which is of immense importance to the community.

Domestic Help

The home help service had another very busy year, but was able, although at times with difficulty, to respond to the numerous and varied requests for assistance. The authorised full-time establishment remained at 150 and at the end of the year 246 (41 full-time and 205 part-time) home helps were employed. This is an increase of 16 on the number last year. The difficulties of recruiting this additional help and indeed of maintaining the service at its high level of efficiency is perhaps not fully realised. For instance, to achieve the increase in staff in 1960, 99 home helps had to be recruited and many more interviewed because there is always an inevitable wastage throughout the year. Thus in 1960, 89 home helps left through retiral, illness, domestic circumstances or to take up other employment. That the service runs so smoothly and is able to meet all requests for help reflects great credit on the Supervisor and her staff.

By the end of 1960, 1,596 households had obtained the services of a home help. This is an increase of 29 on last year and continues the upward movement which has been in evidence ever since the service started. The most numerous calls (1,122) were in connection with general illness and the elderly but 464 maternity and 6 tuberculosis cases were helped. Evening and week-end services for older people living alone continued but there were few requests for night-sitters. This is surprising because there must be many occasions when help of this kind would give much needed relief and rest to relatives and friends.

The laundry service for bedridden or housebound elderly persons in homes with inadequate washing facilities and with no relatives or friends able to assist has now been in operation since March 1959. Although handicapped meantime by lack of space, the home help in attendance was able to undertake the washing and ironing of 1,984 bags of laundry from 40 homes. This service was originally restricted to homes in the central part of the City but it has been extended where necessary to deal with the laundry of elderly persons living in the more outlying areas, laundry being brought and returned by the department's vans.

Miss Marion McAlpine, who was appointed Home Help Supervisor in July 1948, retired this year. When she took office there were only some 30 home helps on duty and during her period of service she was responsible for the administration of a service which in twelve years expanded until it included more than 260 female staff. This is a notable achievement and the expressions of gratitude received over the years from many homes assisted in times of illness or difficulty are a tribute to Miss McAlpine's efficiency and devoted services. She leaves the department with the good wishes of all her colleagues for a long and happy period of retirement Miss Helen Wilson was appointed Supervisor in July of the year and has taken up her duties with the best wishes of her colleagues in the department.

Almoner

The calls for advice and help in a variety of problems which increase each year underline the important part the Almoner plays in the medico-social sphere. It is particularly satisfactory to find that general practitioners in the City are coming to recognise more and more the help the Almoner can give in solving difficulties associated with the care of their patients. During the year no less than 534 cases 55 more than in 1959, were referred from different sources and, of these, 193 came from family doctors. The Almoner's primary task is, of course, to ascertain the underlying personal or social factors which may be preventing or delaying response to medical treatment or which are leading the individual into difficulties. Then she must decide the best way to help the individuals to overcome their problems Another function is supervision of assessment of ability to pay for different services provided by the department.

The maximum charge for the home help service was increased in July subject to review after six months' experience from £5 10s. to £7 10s. for full-time assistance and from £2 15s. to £4 5s. for part-time help. The effect of these new charges is difficult to estimate but they do not seem to have acted as a deterrent to those requiring help and there has been no diminution in requests for the service. There is little doubt, however, that the higher charges have increased the work of assessment. Thus in 1960 a total of 2,092 assessments were required 252 more than last year and by far the greater part of this increase was in connection with the home help service. There seems little doubt that if the upward trend not only in assessment but in medico-social work continues the Almoner's department will require additional assistance.

Family Casework

Increasing attention has been directed in recent years to the difficulties encountered in dealing with "problem families". These are families who, for their own interest and that of the community, require special supervision and more attention than can be spared by the health visitor and the usual social services. The method of approach which appears to offer the best chance of success is the help on the lines of the Family Service Unit.

The Corporation, in 1958, agreed to give a grant to the Council of Social Service for the appointment of a family caseworker to deal with problem families referred to her by the health visitors. This arrangement is for an experimental period of five years when the position will be reconsidered.

During the past 2½ years 16 problem families have received guidance and assistance from the caseworker. The results of her endeavours are not easy to assess as all the families present the most varied and complex problems encountered by any social worker. The rate of progress depends, of course, on the extent and duration of their difficulties, and their willingness to accept help; this is in itself partly determined by the degree of their physical, mental and emotional handicaps. Some of the parents show signs of dealing more efficiently now with society's demands on them, for example by maintaining a higher standard of care for children and home, sending children to school regularly, and working to support the family. These are indications of increasing stability, which it is hoped will develop still further.

There are many other families who require the attention of a caseworker and accordingly the Corporation agreed to increase the grant to the Council of Social Service this year so that an additional worker could be engaged. Unfortunately such workers are difficult to obtain and the vacancy is still unfilled.

School Health Service

It is now 53 years since the institution of school medical inspection in Edinburgh. Great changes and developments have taken place in the intervening years and the Chief Executive School Medical Officer in his interesting and informative report brings out clearly the manifold duties now undertaken by the School Health Service to influence the health and welfare of the school child. The report should be read in full, but mention may be made here of some of its more outstanding features.

The number of children absent from school from infectious disease was considerably higher than last year. These absences were in many instances associated with chickenpox, whooping-cough and measles, but the Chief Executive School Medical Officer expresses concern over the continued prevalence of dysentery and infective hepatitis amongst school children. He refers to the importance of health education to inculcate good health habits in preventing these bowel-to-mouth infections, but emphasises the fact that instruction of this kind will be of little value unless a high standard of hygiene and cleanliness in school toilets and washrooms is maintained. Many schools still have inadequate, inconvenient and unsatisfactory toilet facilities and it is very important for the well-being of the school community that there should be as little delay as possible in effecting necessary sanitary improvements.

Considerable attention has been given in recent years to the importance of early ascertainment of defects of vision. Because of the difficulty of employing the usual tests, vision examination has usually been deferred until the child reaches the age of seven. Three years ago, however, an experiment was carried out using various test cards for children on entry to school. This experiment showed that the "Chevasse E" card was eminently suitable for the purpose and since then vision testing of children at 5 years has become a routine procedure. During the 1959/60 school session 5,643 entrants were examined in this way and, while vision was satisfactory in the great majority, 6.3% had only fair and 0.5% had bad vision. These latter children were referred to the ophthalmologists for advice and treatment. Early ascertainment of deafness is also important but should not await routine inspection on entry to school and the present methods adopted by health visitors in screening pre-school children to ascertain evidence of defective hearing is mentioned in the appropriate section of the Annual Report.

Tuberculin testing of 13-year-old school children, followed where necessary by B.C.G. vaccination, is now a routine function of the School Health Service. It is satisfactory to know that the proportion of children giving a positive reaction to the tuberculin skin test, indicating previous exposure to tuberculous infection, was only 12·8%, which compares with 14% last year and 30·5% in 1954, the first year, when routine testing was introduced. Tuberculin testing of children between 5 and 12 years was again offered to pupils in 11 schools. A total of 3,664 children were tested in this way and 158 or 4·3% not previously under supervision because of contact with a known case of tuberculosis gave a positive reaction. This is a similar proportion to last year. Following x-ray examination, 3 children were found to have active pulmonary tuberculosis and received hospital treatment.

Immunisation against infectious diseases either for the first time or to reinforce earlier protective procedures continues to be another important duty of the School Health Service. As more and more infectious diseases become amenable to prevention there is a pressing need to have some permanent immunisation record for each child. This is difficult to achieve. Special record cards which are issued at present cannot be relied on as an effective method. This was shown by a small experiment carried out during the year. Thus the parents of 1,300 children who had received personal record cards when immunised 5 years previously were asked to bring these cards when the children were summoned for routine medical examination, but only 374 or 29% were able to do so. It can only be presumed that the others had been lost, mislaid or destroyed.

Dental Services

The establishment for dental officers is 18, but owing to resignations and absences through illness the effective staff throughout the year was equivalent to only 14½ dentists. Two new dental clinics were opened, one at Gracemount Secondary School, the other at the new Corstorphine Clinic where modern dental facilities there have replaced the unsatisfactory temporary centre at Stenhouse Nursery.

Increasing concern is being expressed over the rising rate of dental disease. This is of course, a countrywide problem and is emphasised in the Edinburgh experience during the year. Thus, of 21,000 school children inspected, no less than 85% required treatment. The upward trend in incidence of dental disease has continued since the war years and nowadays children found to need dental treatment show an average of 5 teeth requiring filling or extraction. In view of the present position the report of the Standing Advisory Committee on Dental Education, which was set up to consider methods of dealing with the problem, is eagerly awaited. It is also disappointing to record a continuation in the small number of expectant and nursing mothers and pre-school children who attend for inspection and treatment. Only 70 expectant mothers and 124 nursing mothers, all of whom required treatment, were inspected and only 787 pre-school children were seen by dental officers during the year. Increased education is required to focus the attention of parents and others on the value of brushing teeth after meals or at least after breakfast and before going to bed at night and on the dangers of eating sweet, sticky substances between meals. Some instruction of this kind is given at present but more requires to be done and consideration is being given to how more intensive and effective propaganda can be undertaken. One more encouraging feature in recent years has been the increase in conservative work. While an equal number of teeth per pupil were extracted or filled 10 years ago, nowadays at least 2 teeth are filled for every tooth extracted.

Tuberculosis

Notifications from respiratory tuberculosis showed a further decline in 1960 but the reduction was much smaller than last year. This is a natural sequel to the mass miniature radiography campaign of 1958 and it is perhaps too much to expect a substantial decrease each year. Nevertheless, the fact that there were only 19 fewer notified cases in 1960 as compared with the previous year must dispel any feeling of complacency. It emphasises the importance of sustained and greater efforts to control the disease.

One noteworthy feature of the year's figures was the increase of respiratory tuberculosis among older men. Thus, for men over 55 years of age, there were 55 notifications as compared with 37 last year. Consideration is being given to the possibilities of the selective use of mass miniature radiography for this group of the population.

There were 24 deaths from respiratory tuberculosis, 12 being among persons over 65 years as compared with 23 last year. As regards non-pulmonary tuberculosis this was the first year in which no death was recorded and notifications were three less than last year. Another encouraging feature in the tuberculosis sphere is the continued fall already referred to in the proportion of positive reactors discovered by the tuberculin testing of school children, indicating a fall in the " pool of infection " in the city. The special laundry service for tuberculous households dealt with 5,874 articles from 16 patients and 58 families were rehoused under the Corporation's special scheme for rehousing tuberculous patients as a priority. These figures are again lower than in previous years, a trend which it is hoped will continue with a declining incidence of the disease.

Infectious Disease

Notifications of infectious disease showed an increase in 1960 but this was almost entirely due to measles and whooping-cough which were widespread in the City during the year. When pneumonia and tuberculosis are excluded there are 10 deaths from notifiable infectious disease, all from influenza. Dysentery, with 643 infections accounted for much of the 5,303 recorded instances of infectious disease but was less prevalent than in the last few years and the same is true of food poisoning. They, however, still account for much illness and loss of productivity, and education of the population generally and of food handlers in particular is still greatly needed if these conditions are to be stamped out.

One girl of 14 years was notified as suffering from typhoid fever but she contracted the disease while on holiday on the Continent. She had not received TAB vaccination and her illness illustrates the importance of ensuring adequate protection for those travelling abroad. There were 7 cases of paratyphoid B fever. The source was not discovered in two instances but evidence in 4 cases, 3 in one family, pointed to contaminated desiccated coconut as the cause; the remaining case was a laboratory infection. Unfortunately the record last year, when no case of poliomyelitis was intimated, was broken. A 2½ year old child was admitted to hospital with partial paralysis of one leg. He had been immunised and laboratory findings were all negative but diagnosis of poliomyelitis was made on clinical grounds.

Diphtheria was again absent from the City. It is now 4 years since a case was notified.

This year notification was recieved of 3 cases of brucellosis; all were associated with certified milk. The occurrence of these cases emphasises the need for ensuring that dairy herds supplying certified milk are free from this infection.

Again two unusual diseases occurred, a case of Psittacosis and a case of Rat-bite Fever. The infection in both instances was received in the course of employment.

Immunisation and Vaccination

Figures relating to the various protective procedures against infectious disease carried out by the child welfare and school health services and by general practitioners are given in the appropriate section of the Report. As was mentioned last year, statistics based entirely on official notifications tend to be an understatement of the true position. Thus a survey of the state of protection of Edinburgh children born in 1957 and 1958 showed that 9% of inoculations had not been intimated to the department. The position revealed by this survey was that 79% of young children had been immunised against smallpox, 75% against poliomyelitis, 69% against diphtheria and 67% against whooping-cough. In addition 12% of the children had received protection against tetanus. On the whole this is not an unsatisfactory picture, but in view of the occurrence of diphtheria and poliomyelitis in some parts of the country and of the possibilities of the introduction of smallpox from abroad, it is essential that the immunisation state in the City should be maintained at the highest level.

Fewer persons accepted vaccination against poliomyelitis than in the two previous years but by the end of 1960 it is calculated that 77% of children under 15 years and 56% of those between 15 and 25 had received a full course of poliomyelitis vaccination. The scheme was extended on 1st February to include persons up to 40 years and, for the convenience of this older age group, special evening sessions were arranged at 16 child welfare centres, 4 centres in different areas being opened each week in rotation from May till the end of July. The response was very disappointing only 1612 being given at these special sessions. In fact, it is estimated that so far only about 6% of persons in the 25-40 age group have taken advantage of the protection offered. General practitioners have given invaluable help in the poliomyelitis vaccination scheme and in 1960 they were responsible for 48% of all anti-poliomyelitis injections.

Health Education

Reference has already been made to the successful Clean Air and Mental Health Exhibitions which were arranged during the year. The organising, planning and production of these exhibitions placed a heavy strain on the Senior Medical Officer and his health education staff. But these activities represented only a part of the work of this important branch of the Public Health Department. Thus a total of 233 meetings with an average attendance of 45 were held in 1960; visual aids, posters and small exhibits were designed and produced for use in clinics, schools and libraries; lecture briefing notes on different health topics were framed for use at public meetings and a slide and filmstrip library was in course of preparation.

A most significant feature of the year was the extension and development of health education in schools. The experimental course in co-operation with the Director of Education which has been in operation for the past few years at Ainslie Park School was extended to another junior secondary school and two primary schools. This is a most rewarding field for health education. Furthermore, the lectures to student teachers at Moray House have continued and every effort was made to find the most suitable ways not only of imparting basic knowledge but of making the subject interesting for these future teachers.

If progress is to be made it is necessary to assess and evaluate present methods and the Senior Medical Officer for Health Education gives an interesting account of an investigation of this kind carried out during the year. Finally, mention should be made of plans which are being considered to investigate the effect of the City's clean air programme, particularly in relation to bronchitis and other respiratory conditions.

Dr J. G. Thomson resigned during the year on his promotion to an appointment with the Ministry of Health. He took office as first Medical Officer in charge of Health Education and Research in 1951 and it was not long before his zeal, enthusiasm and initiative had made this one of the most progressive sections of the department. Dr Thomson became an outstanding personality in the health education sphere and he has left his imprint on many public health fields. Particular reference should be made, however, to his valuable pioneering work in fostering community participation in health matters in Edinburgh which formed the pattern for the organising of the countrywide mass miniature radiography campaigns which have been an outstanding feature of recent years. Reference should also be made to his very valuable comprehensive report on the tuberculosis position in the City and the preventive measures he advocated to meet the problem. He has left for his new work with the good wishes of all his former colleagues in the public health service.

Care of the Aged

The City Social Services Officer is the responsible officer for welfare services but an Assistant Medical Officer from the Public Health Department undertakes with the City Social Services Officer the general medical supervision of the residential homes provided by the local authority and the medical assessment of suitability of persons recommended for admission to these homes. He also assists in the annual inspection of voluntary homes for the aged and disabled and in the inspection of new homes which require registration under the National Assistance Act.

There were in 1960, 840 applications for residential accommodation, 80 more than last year, and 95% of these were referred for assessment to the Assistant Medical Officer. There are now 39 registered voluntary homes accommodating 870 persons and these require annual visitation. In addition visits of inspection were made in connection with the registration of 6 new homes.

Another duty of the medical officer is to ensure that persons unable to look after themselves and who are living under insanitary conditions receive proper attention. Every endeavour is made to provide domiciliary services to meet the needs of the situation but often the only satisfactory solution is admission to a home or hospital. Voluntary admission is always the aim and is usually possible, but unfortunately on occasions, as in 4 instances in 1960, compulsory powers have to be used.

The Regional Hospital Board has for many years provided physiotherapy at Glenlockhart for those suffering from conditions which require remedial treatment of this kind. There is little doubt, however, that most persons admitted to the Home nowadays can benefit from similar assistance to strengthen their muscles and to keep their joints supple. An important development during the year, therefore, was the appointment by the Corporation of a Physiotherapist to Glenlockhart to undertake this essential preventive service. Proper treatment and care of the feet is also important if older people are to be kept active and mobile.

The Chiropody Service which commenced last year was extended by the appointment early in the year of a second full-time chiropodist. Applications for treatment continued to increase and at the end of November the Corporation authorisd the appointment of a third chiropodist and further decided to review the position after a period of 3 months. Details of the work undertaken by the chiropodists are given in the appropriate section of the Report.

Venereal Disease

Dr Robert Lees, Physician in charge of the Venereal Disease Department, Edinburgh Royal Infirmary, has again given an interesting and informative review of the venereal disease position and his valuable contribution to the Annual Report is gratefully acknowledged. There was an increase in the number of infectious cases of syphilis but, as the report points out, this arose mainly from two sources of infection. The number of cases of gonorrhoea on the other hand has shown a welcome reduction and it is suggested that this may be due to improved methods of treatment and the continued efforts of contact tracing. Dr Lees refers to the interesting and valuable investigation carried out in his department in the epidemiology and treatment of the non-venereal parasitic disease Trichomonas vaginalis.

The Report contains interesting sociological information regarding the patients who attended for treatment and illustrates the difficulties often experienced in finding sources of infection. One of the health visitors continues to be seconded for work in connection with the prevention of venereal disease. Her duties include tracing sources of infection, securing examination of contacts, persuading patients to attend until cured and relieving difficulties which might prevent continued attendance for treatment.

Bacteriological Services

Professor Robert Cruickshank, the Consultant Bacteriologist, South Eastern Regional Hospital Board, has again given a full and informative account of the work carried out by his staff for the Corporation and general practitioners in the City. His report brings out clearly the volume and variety of laboratory work undertaken during the year, including as it does information on the routine examination of water, milk and ice-cream, the examination of specimens for diagnostic purposes and special bacteriological investigations of outbreaks of disease. It is a pleasure to express thanks for the help and guidance given by the staff of the bacteriological department in so many ways.

Particular mention should be made in this Annual Report to the advice and assistance given over many years by Dr Helen A. Wright, who retired in September from the laboratory service. Her wide experience and knowledge were always available to the department and were invaluable in solving many difficult epidemiological problems. Dr Wright's ever willing advice, consideration and assistance is acknowledged with deep gratitude and appreciation.

The total number of examinations (20,996) undertaken at the laboratory was an increase on last year, largely due to the greater number of throat swabs examined. The number of specimens submitted in connection with dysentery and food poisoning were similar to last year.

Dr R. R. Gillies, who is now responsible for the supervision of the diagnostic services, gives an interesting account of his work and conclusions on the typing of organisms of Sonne dysentery and mentions the important special study on diarrhoeal diseases he has been conducting for some time with three general practitioners in the City.

Sanitary and Veterinary Services

The reports of the Chief Sanitary Inspector and Veterinary Inspector show the many and varied duties undertaken nowadays by their departments in safeguarding the health of the community. Both reports should be studied in full, but a few of the more outstanding features deserve emphasis.

Reference has already been made to the progress achieved in the promotion of clean air and to the heavy responsibility this work places on the Sanitary Department. Considerable progress was also made in 1960 in the attack against the many insanitary houses in the City. All the families from Carnegie Street clearance area and all but a few from Greenside clearance area were rehoused by the end of the year and demolition of the properties had commenced. Inspection was undertaken of houses in the Citadel and Central Leith comprehensive development area and declaration of unfitness orders made on 453 houses. Objections have been raised by the owners of 4 properties. The houses in the St. Leonard's and Arthur Street comprehensive development area were also visited and 653 houses were made the subject of unfitness orders. In addition, official representation was made in respect of three small clearance areas, one at Canonmills with 35 houses, another at West Cromwell Street including 65 houses and the third at Broughton Court comprising 20 houses. Furthermore, 19 unfit properties were the subject of demolition or closing orders or statutory undertaking by the owners. Finally, 133 " listed " houses were demolished at the instance of the City Engineer as ruinous or insecure. The work of inspection and the compiling of the necessary information for legal procedures is not an easy task but it is very well worthwhile when it means the removal of many families from insanitary surroundings. During the past three years more than 2,100 houses have been dealt with by comprehensive development or clearance area procedure or by individual action. Thus some impact has been made on the problem but there are still far too many unfit houses and plans are already in hand for an even more extensive drive in the next few years.

Another important duty which receives prominence in the report of the Chief Sanitary Inspector is that connected with the Food Hygiene Regulations. Some idea of the work entailed is shown by the fact that since these regulations came into force in June 1959 no less than 12,573 inspections have been carried out in shops and catering establishments and 6,622 improvements of one kind or another effected.

The Noise Abatement Act 1960 came into operation at the end of November. This Act makes noise or vibration one of the categories of nuisance liable to be dealt with under the Public Health Act, restricts the use of loudspeakers in streets and prohibits their use for advertising except under very limited conditions. It gives rather wider powers than that contained in a local order but it is too early to assess its effect. Noise nuisance is an increasing cause of complaint and during 1960 no less than 100 nuisances of this kind were investigated, of these 47 were complaints of excessive noise from neighbours houses, 38 from industrial premises while the remaining 15 were mainly concerned with noise from road operations, milk delivery vehicles and late-night restaurants.

The Veterinary Department had an exacting and anxious year in connection with the countrywide outbreak of foot and mouth disease. Outbreaks of this kind place a heavy responsibility on the veterinary services and the Veterinary Inspector gives an interesting account of the prominent part his department was required to play in combating the infection. So well, in fact, was this accomplished that the Health Committee received a letter from the Department of Agriculture and Fisheries highly commending the Veterinary Inspector and his staff on their important contribution in controlling the disease in the Edinburgh area.

Other parts of the Veterinary Inspector's report underline the important and manifold duties which were undertaken during the year, including the supervision of milk from dairy herds, the inspection of meat, the inspection of foodstuffs in shops and the inspection of imported food. Thus, apart from the work under the Diseases of Animals Acts, 306,929 animal carcases were examined, 7,139 visits were paid to food shops, 9,460 consignments of imported foodstuffs from many different foreign countries were inspected, in addition to supervising the cleanliness and methods of production of the 12 registered dairy premises in the City.

Voluntary Associations

Acknowledgement is again made of the valuable services which continue to be given to the Corporation by voluntary associations and workers in the City. The Voluntary Health Workers Association had another successful year and were able to extend their work of providing care for many young children from 2–5 years. Two new playgrounds were opened during the year, one at Fairmilehead and the other in the Magdalene area of the City. There are now 24 playgrounds for toddlers with a roll of 775 and an average daily attendance of 580 children. There is still a waiting list and during the year the Association, with the advice of the Principal Medical Officer, drew up a list of circumstances which should qualify for priority admission. In this way it is hoped that the facilities of the playgrounds will be reserved for the most deserving cases. Edinburgh owes a deep debt of gratitude to Dr M. M. Brotherston, the Executive Committee and members of the Association and to their Secretary, Miss E. A. Cuthbertson for the thought and time given so willingly on behalf of the children in the City.

The Edinburgh Mental Welfare Association had a particularly busy year in connection with World Mental Health Year. The Association arranged a series of three public meetings to stimulate interest in mental health. The subjects chosen "Child Development", "Responsibility in the Field of Mental Health" and "Present Day Knowledge of the Cause of Mental Illness" aroused considerable interest and the meetings were well attended. Visitation and supervision of children who have left special schools was continued and difficulties concerning them were discussed by the Care Committee which meets monthly throughout the year. The two senior occupation centres show steady development, the centre at Lauriston now accommodates 43 girls, 29 of whom attend part-time, while 49 men, 39 part-time, attend the occupation centre at Slateford. A number of mentally handicapped adults are capable of undertaking work of a productive nature and the possibilities of setting up a work centre especially for males are being explored. These important achievements are due in no small measure to the initiative and drive of Mrs I. C. Bruce, Chairman, and Mrs C. D. Kerr, Secretary, of the Association.

The Home Safety Committee of the Edinburgh Accident Prevention Council under the able leadership of Mrs M. W. Keddie, Chairman, and Mrs Hampton, Secretary, had another useful year in the prevention of domestic accidents. The Committee administers the successful fireguard scheme mentioned earlier in the Report and has had under consideration a similar loan scheme in connection with the Crayleigh safeguard for cookers. Many meetings were addressed by members of the Committee during the year and the " Home Safety Week " arranged by the courtesy of a local newspaper with articles on different aspects of home accident prevention was an important means of reaching a wider public.

The Infantile Paralysis Fellowship continued its excellent work in the after-care of those handicapped from poliomyelitis. Warrender Baths, again made available by the Corporation with the additional cost of heating being borne by the Health Committee, were still well attended by the members of the Fellowship.

Finally, tribute is once more made to the Women's Voluntary Service and many other voluntary workers who give so much of their time in the distribution of welfare foods. Some measure of the debt the City owes to these public-spirited ladies is shown by the fact that 26 of the 38 centres were wholly or partially staffed by voluntary help.

Research

Mention has already been made of the co-operation of the health visitors in a number of research projects during the year, in particular the investigation into staphylococcal infection in families and the survey of long-term incapacity in association with the Department of Health. Reference has also been made to the report of the working party on the co-ordinated development of the mental services in the City by representatives of the Regional Hospital Board, Local Executive Council and the Corporation. This report was subsequently printed and has aroused widespread interest.

Other members of the staff were associated with original work which was published during the year. Thus an investigation by Dr L. F. Howitt " Some Public Health Aspects of the Dano-Biostabiliser " was accepted by *The Medical Officer* (1960—104, 247-8). Dr Howitt also undertook, with Dr Constable of the Bacteriological Laboratory, an investigation of an outbreak of aseptic meningitis due to Echo Type 9 in a children's residential home and it is hoped to publish the results. Misses I. H. Russell, S. Mackenzie and G. Macphail, Matrons of the Day Nursery Service published their paper " Accidental Poisoning in Young Children—Experiments with some Safety Devices " in *The Medical Officer* (1960—103, 256-7). Miss I. T. Beattie, Superintendent Health Visitor, addressed a meeting of Medical Officers of Health on " The Implementation of the Working Party Report on Health Visiting " and her paper was subsequently printed in the *Nursing Mirror* of 30th December. The experience gained by the valuable course of in-service mental training of health visitors was the subject of a contribution " In-service Mental Health Training for Health Visitors " by J. W. Affleck, D. M. Munro, H. E. Seiler, K. W. Matheson and I. T. Beattie published in *The Lancet* (1960—2, 641-643). Finally, it is a pleasure to report that Miss Beattie was appointed to the Nursing and Home Committee of the Royal Edinburgh Hospital for Mental and Nervous Disorders and elected a nursing representative to the General Nursing Council for Scotland.

Acknowledgement

I have much pleasure in recording my gratitude to the Chairman, Conveners and members of the Health Committee for their interest, consideration and help in the work for the public health. I would also offer sincere thanks to the Heads of all the Departments and to all members of the staff of the Health Department for their loyal service and support during the year. To the Press of Edinburgh I would convey my appreciation for their great assistance and for their understanding presentation of the work of the Department.

I have the honour to be, my Lord Provost, Ladies and Gentlemen,

Your obedient servant,
H. E. SEILER, M.D., F.R.C.P.E., D.P.H., Q.H.P.
Medical Officer of Health.

CITY AND ROYAL BURGH OF EDINBURGH.

Members of the Health Committee, 1960-61.

Councillor J. G. More-Nisbett, *Chairman.*
Councillor David A. Adamson.
Councillor Alexander Bryce.
Councillor John Cormack.
Councillor Melville Dinwiddie.
Councillor George Gibson.
Bailie George Hedderwick.
Councillor John Kane.
Councillor Murdo R. M. Mackenzie.
Councillor Lady Morton.
Councillor Mrs Catherina T. Nealon.
Councillor Mrs M. Robertson Murray.
Councillor Mrs Margaret B. A. Ross.
Councillor Mrs Margaret Smith.
Councillor Magnus J. Williamson.

Convener of Medical Health Services Sub-Committee.

Councillor George Gibson	May 1960-September 1960.
Councillor Alexander Bryce	October 1960-May 1961.

Convener of General Health Services Sub-Committee.

Councillor Alexander Bryce	May 1960-September 1960.
Councillor Mrs Margaret B. A. Ross...	October 1960-May 1961.

PUBLIC HEALTH DEPARTMENT.

Principal Officials as at 31st December 1960.

Medical Officer of Health	Dr H. E. Seiler.
Depute Medical Officer of Health	Dr J. L. Gilloran.
Principal Medical Officer of Health	Dr H. P. Tait.
Chief Executive School Medical Officer	Dr W. N. Boog Watson.
Senior Medical Officer for Research and Health Education	Dr I. F. Craik.
Senior Medical Officer for Tuberculosis and Infectious Diseases	Dr J. M. Mair.
Senior Medical Officer for Mental Health Services	Dr R. Short.
Senior Assistant Medical Officer for Child Welfare	Dr M. E. Sturrock.
Senior Assistant Medical Officers for Schools	Dr E. H. Nimmo. Dr J. R. Wilson.

Assistant Medical Officers.

Dr A. M. Anderson.
Dr M. E. Chapman.
Dr I. Craighead.
Dr C. Drysdale.
Dr R. E. Graham-Yooll.
Dr W. N. Hood.
Dr L. Howitt.
Dr R. Jack.
Dr M. Langton.
Dr A. S. Lindsay.
Dr J. A. MacDougall.
Dr D. Murray.
Dr S. Quain.
Dr J. C. M. Sharp.
Dr J. C. Willison.
Dr D. M. Pendreigh.
Dr R. G. Walker

Chief Sanitary Inspector	Mr J. Robertson.
Depute Chief Sanitary Inspector	Mr W. Osborne.
Chief Assistant Sanitary Inspector	Mr R. Dunbar
Chief Veterinary Inspector	Mr J. Norval.
Assistant Veterinary Inspector	Mr W. T. Forrest.
Chief Dental Officer	Mr G. Moody.

Assistant Dental Officers.

Mr J. Allen.
Mr N. G. Campbell.
Miss J. L. Gardner.
Mrs W. Z. Golabek.
Mrs F. E. Gould.
Miss S. Grandison.
Dr D. Hardy.
Mr A. Harvey.
Mrs I. M. Kerr.
Miss J. Kilgour.
Mrs J. McKendrick.
Miss M. Miller.
Mr J. L. Robertson.
Mr J. D. Menzies.
Mrs E. E. W. Menzies.
Mrs M. Webster.
Mr W. A. Wishart.

Administrative Officer	Mr W. A. B. Valentine.
Administrative Assistants	Mr J. J. Fletcher. Mr W. M. Grant.
Superintendent of Health Visitors	Miss I. T. Beattie.
Supervisor of Midwives	Miss C. A. Matheson.

Supervisor of Nurseries ... ... Miss H. M. W. SWANSTON
Supervisor of Home Helps ... ... Miss H. H. WILSON.
Almoner ... ... Miss A. C. MCCALLUM.

Number of Staff as at 31st December 1960 ... 885

Medical Officers	27	‡Dental Officers	18
*Sanitary Inspectors	39	Dental Attendants	17
Meat Inspectors	10	Oral Hygienist...	1
Administrative and Clerical ...	61	*Health Visitors	103
‡Clinic Attendants	17	Midwives	15
Chiropodists	3	‡Nursing Staff	208
Almoner	1	‡Domestic Staff...	103
‡Home Helps	247	Disinfecting Staff, Motor Drivers and Other Staff ...	15

* Includes 6 Probationer Sanitary Inspectors.
4 Probationer Health Visitors.

‡ Includes 206 Home Helps, Part-time.
1 Dental Officer, Part-time.
48 Domestic Staff, Part-time.
12 Clinic Attendants, Part-time.
6 Nurses, Part-time.

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1956, 1957, 1958, 1959 and 1960.

	1956	1957	1958	1959	1960
Population at Mid-Year ...	466,889	465,671	467,410	469,399	471,585
Area of City—Acres ...	33,705	33,705	33,705	33,705	34,781
Density of Population— Persons per acre	13·9	13·8	13·9	13·9	13·6
Inhabited Houses	148,773	149,959	151,218	152,304	153,250
Marriages Registered ...	4,492	4,326	4,283	4,212	4,050
Birth-Rate	16·0	16·9	16·8	17·4	17·9
Death-Rate	13·0	12·9	12.9	13·3	12·6
Infant Mortality Rate (per 1,000 Live Births)	24	24	25	24	21
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	18	17	17	18	16
Still-Birth Rate (per 1,000 Total Births)	23	19	19	19	19
Maternal Mortality Rate (per 1,000 Total Births) ...	0·5	0·2	0·5	0·1	0·1
Cancer Death-Rate ...	2·6	2·6	2·5	2·5	2·5
Pulmonary Tuberculosis Death-Rate	0·09	0·07	0·06	0·04	0·05
Epidemic Diseases Death-Rate	0·08	0·14	0·03	0·11	0·02

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-spinal Fever and Influenza.

VITAL STATISTICS.

Population.—The population of the City of Edinburgh as at 30th June 1960 has been estimated by the Registrar General as 471,585. This figure, which represents an increase of 2,186 compared with the previous year, takes into account the natural increase of births over deaths and the movement of population into and out of the city.

The following table shows the age-group percentage distribution of the population for the four censal years—1901, 1921, 1931 and 1951, and for the year 1960 :—

Age Distribution of Population

Age Groups	1901	1921	1931	1951	1960
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Under 1 Year	2·1	1·9	1·5	1·5	1·7
1–4 Years	7·8	5·8	5·9	6·9	6·3
5–14 ,, ...	20·8	17·7	15·2	13·3	15·0
15–24 ,, ...	21·4	18·8	18·4	13·5	12·4
25–44 ,, ...	28·6	29·3	29·1	28·9	26·2
45–64 ,, ...	14·9	20·3	22·2	24·5	26·0
65 and over	4·4	6·2	7·7	11·4	12·4
	100	100	100	100	100

Ward Statistics.—A table showing the principal statistics for the twenty-three municipal wards appears on page 34.

Inhabited Houses.—The number of inhabited houses in the city at Whitsunday 1960 was 153,250, which is an increase of 946 over the previous year. A table, supplied by the City Assessor, showing the number in each ward, is given on page 35.

Births.—During the year there were 10,680 live births registered in the city. From this total, 2,317, which took place in maternity hospitals and nursing homes to parents whose domicile was outwith the city, were deducted, and 80 births to Edinburgh citizens residing temporarily in other parts of Scotland were added. The corrected births thus numbered 8,443 (4,322 males and 4,121 females).

The birth-rate for the year was 17·9 per thousand of the population. The number of illegitimate births, 441, was 5·2 per cent. of the total births. There were 166 still-births registered, representing a still-birth rate of 19 per thousand total births (live and still).

Deaths.—The total number of deaths registered during the year was 5,940

2,913 males and 3,027 females), equivalent to a death-rate of 12·6 per thousand of the population. Of the total deaths, 3,979 (67 per cent.) were persons in the sixty-five years and over age groups. The principal causes of death for 1958, 1959 nd 1960 are set out in the following table :—

Principal Causes of Death and Rates per 100,000 of Population.

CAUSE OF DEATH	1958		1959		1960	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease	2,147	459	2,108	449	2,115	448
Other Diseases of Circulatory System	221	47	239	51	191	40
Malignant Diseases	1,159	248	1,194	254	1,182	251
Diseases of Nervous System	1,019	218	1,069	228	1,003	213
Pneumonia (all forms) ...	215	46	291	62	204	43
Bronchitis	191	41	271	58	232	49
Tuberculosis (Respiratory)...	29	6	20	4	24	5
,, (other forms)	6	1	3	1	...	...

The usual table showing an analysis of the deaths from cancer in sex and age groups and site of the disease is given on page 32.

Deaths from the principal epidemic diseases numbered 10, all of which vere due to influenza. Figures for the last five years are set out in the following able :—

Deaths from Principal Epidemic Diseases.

	1956	1957	1958	1959	1960
Measles	3	1	...	1	...
Whooping-Cough	2	1	...	...	...
Diphtheria	...	...	...	...	...
Cerebro-spinal Fever ...	2	4	2	3	...
Influenza	31	58	14	49	10
Diarrhœa and Enteritis (under 2 years) ...	2	2	...	...	...
Total ...	40	66	16	53	10

The causes of death of children under five years of age are dealt with in greater detail in the report on the Maternal and Child Welfare Service on page 61.

Marriages.—The number of marriages registered — 4,050 — was 162 less han in the previous year. The rate of 8·6 per thousand of the population was or the twelfth successive year lower than the average rate (9·9) for the five years efore the war.

CITY O

Deaths from Specified Caus
and Death Rates per 100

Cause of Death	MALES											Tota Male
	−1	1−	5−	10−	15−	25−	35−	45−	55−	65−	75−	
1. Tuberculosis of Respiratory System ...	...	...	...	...	...	...	2	1	6	7	3	
2. ,, —Other Forms	...	...	...	...	...	...	...	...	...	...	...	
3. Syphilis and its Sequelæ	...	...	...	...	...	...	...	...	...	1	2	
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	
5. Whooping Cough	...	...	...	...	...	...	...	...	..	..		
6. Meningococcal Infections	...	...	...	...	...	...	...	...	...	..	...	..
7. Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	
8. Other Infectious and Parasitic Diseases	...	...	...	...	...	1	...	1	...	...	...	
9. Malignant Neoplasms	...	3	2	3	4	10	18	88	186	187	121	
10. Benign and Unspecified Neoplasms ...	...	...	...	...	...	...	...	2	...	...	2	
11. Diabetes Mellitus	...	1	...	...	...	...	...	3	2	7	6	
12. Anæmias	...	1	1	...	...	...	...	...	2	1	1	
13. Vascular Lesions affecting Central Nervous System.	...	1	...	...	...	...	2	21	51	106	176	
14. Other Diseases of Nervous System ...	...	1	...	1	1	2	1	5	9	13	7	40
15. Rheumatic Fever	...	...	...	...	...	...	...	1	...	...	..	1
16. Chronic Rheumatic Heart Disease ...	...	...	...	...	...	3	3	8	6	4	2	
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	3	18	97	203	289	332	942
18. Other Diseases of Heart	...	...	...	1	...	...	...	3	4	9	20	
19. Other Circulatory Diseases	...	...	...	...	...	2	...	4	14	28	60	
20. Influenza	...	...	...	...	...	2	...	1	1	1	...	
21. Pneumonia	10	1	...	...	...	1	...	6	9	30	47	104
22. Bronchitis	1	1	...	...	...	...	1	14	46	56	43	162
23. Other Respiratory Diseases	...	...	1	...	...	...	...	3	4	9	2	19
24. Ulcer of Stomach and Duodenum ...	...	...	...	...	1	...	...	4	8	12	7	32
25. Appendicitis	...	...	...	...	...	...	...	...	1	1	2	4
26. Intestinal Obstruction and Hernia ...	...	...	...	...	...	...	...	...	2	1	6	9
27. Other Digestive Diseases	5	1	...	...	...	2	...	5	8	8	10	39
28. Nephritis and Nephrosis	...	1	...	...	1	1	...	6	4	1	4	18
29. Other Diseases of Genito-Urinary System	...	...	1	...	...	...	1	2	9	15	31	59
30. Puerperal Causes	...	...	...	...	...	...	...	...	...	...	..	
31. Diseases of Skin and Organs of Locomotion.	...	...	...	...	...	...	...	...	2	1	1	4
32. Congenital Malformations	24	1	...	...	3	...	...	...	1	...	...	29
33 Diseases of Early Infancy	60	...	...	...	...	...	...	...	...	...	...	60
34. Senility	...	...	...	...	...	...	...	...	.	..	8	8
35. Violence	3	5	3	3	16	17	15	24	28	16	23	153
36. All other causes	2	1	1	...	...	1	1	...	8	2	6	22
Totals	105	18	9	8	26	45	62	299	614	805	922	2,913

DINBURGH.

n Sex and Age Groups
f the Population.

Cause of Death	FEMALES											Total Females	Total both Sexes	Rate per 1000 Pop.
	−1	1−	5−	10−	15−	25−	35−	45−	55−	65−	75+			
1. Tuberculosis of Respiratory System.	...	...	...	...	1	2	...	...	...	1	1	5	24	0·05
2. ,, —Other Forms ...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
3. Syphilis and its Sequelæ	...	...	...	...	...	...	...	1	2	2	...	5	8	0·02
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	. .	...	...
5. Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6. Meningococcal Infections	...	...	...	...	...	...	...	...	..	...	...	.	...	...
7. Acute Poliomyelitis ...	...	...	...	...	...	...	...		.	...	..	...	...	...
8. Other Infectious and Parasitic Diseases.	...	...	...	...	...	...	...	1	1	. .	...	2	4	0·01
9. Malignant Neoplasms ...	...	1	2	1	3	5	25	81	124	157	161	560	1,182	2·51
10. Benign and Unspecified Neoplasms	...	...	...	...	...	1	...	1	1	1	1	5	9	0 02
11. Diabetes Mellitus ...	...	...	...	...	1	1	...	3	4	10	9	28	47	0·10
12. Anæmias	...	...	...	...	...	1	...	...	...	6	10	17	23	0·05
13. Vascular Lesions affecting Central Nervous System.	...	1	...	...	2	3	6	16	53	144	334	559	916	1·94
14. Other Diseases of Nervous System.	2	2	...	...	2	...	4	7	6	11	13	47	87	0·18
15. Rheumatic Fever ...	...	...	...	...	...	...	...	1	...	...	1	2	3	0·01
16. Chronic Rheumatic Heart Disease.	...	...	...	...	...	...	1	10	9	16	6	42	68	0·14
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	1	5	26	90	213	502	867	1,809	3·84
18. Other Diseases of Heart	...	...	...	...	...	...	2	1	3	16	24	46	83	0·18
19. Other Circulatory Diseases.	...	...	1	...	1	...	...	2	26	51	157	238	346	0·73
20. Influenza	...	...	...	...	...	...	...	...	...	3	2	5	10	0·02
21. Pneumonia	3	2	1	...	2	...	...	3	8	19	62	100	204	0·43
22. Bronchitis	...	1	...	...	...	...	1	5	5	26	32	70	232	0·49
23. Other Respiratory Diseases.	1	...	...	...	...	...	1	2	2	4	3	13	32	0·07
24. Ulcer of Stomach and Duodenum.	...	...	...	...	...	...	1	1	4	2	5	13	45	0·09
25. Appendicitis	...	...	...	...	...	...	...	...	...	1	1	2	6	0·01
26. Intestinal Obstruction and Hernia.	...	...	1	...	...	...	...	1	4	7	7	20	29	0·06
27. Other Digestive Diseases	2	...	1	1	...	...	1	5	10	16	23	59	98	0·21
28. Nephritis and Nephrosis	...	...	1	...	1	...	...	2	3	2	6	15	33	0·07
29. Other Diseases of Genito-Urinary System.	...	...	...	1	...	2	1	4	4	12	11	35	94	0·20
30. Puerperal Causes ...	...	...	...	...	...	1	...	...	...	...	...	1	1	0·002
31. Diseases of Skin and Organs of Locomotion.	...	...	3	...	. .	...	2	2	2	9	13	31	35	0·07
32. Congenital Malformations	21	...	1	2	...	...	...	2	1	1	...	28	57	0 12
33. Diseases of Early Infancy	40	...	...	...	...	...	...	...	...	..	...	40	100	0 21
34. Senility	...	. .	...	...	...	...	...	...	...	...	6	6	14	0·03
35. Violence	2	1	3	...	5	4	6	12	19	26	67	145	298	0·63
36. All other causes ..	2	...	...	...	...	...	3	...	7	4	5	21	43	0·09
Totals	73	8	14	5	18	21	59	189	388	790	1462	3,027	5,940	12·6

Analysis of Deaths from Cancer, 1960.

Site	Sex and Age-groups																Totals		
	Under 15		15-24		25-34		35-44		45-54		55-64		65-74		75 and upwards				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Both sexes
Brain	2	—	—	—	—	1	1	1	8	—	2	3	2	—	—	—	15	5	20
Jaw, Face and Ear	1	—	—	—	—	—	—	—	1	—	—	2	—	1	1	3	3	6	9
Tongue and Mouth	—	—	—	—	—	—	1	—	—	—	—	—	2	2	1	1	4	3	7
Larynx, Pharynx and Neck ...	—	—	—	—	—	—	—	—	3	2	5	—	6	2	1	1	15	5	20
Bronchus and Lungs	—	—	—	—	2	—	3	5	37	7	107	15	83	12	34	8	266	47	313
Other Thoracic Site	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Breast	—	—	—	—	—	—	—	8	—	23	—	28	1	24	—	26	1	109	110
Stomach and Oesophagus ...	—	—	—	—	—	—	2	2	6	9	21	14	31	23	22	35	82	83	165
Liver and Gall Bladder ...	—	—	—	—	—	—	—	2	4	2	7	2	6	4	2	5	19	15	34
Intestines and Rectum	—	—	—	—	1	—	1	1	12	11	18	11	18	34	25	32	75	89	164
Pancreas	—	—	—	—	—	—	—	—	2	—	6	5	4	11	5	12	17	28	45
Genital Organs	—	—	—	2	—	3	—	5	—	17	—	23	—	22	—	18	—	90	90
Abdomen and Pelvis	—	—	—	—	1	—	—	—	1	1	5	5	4	9	2	7	13	22	35
Kidney	—	1	—	—	—	—	1	—	2	2	2	3	3	1	2	4	10	11	21
Prostate	—	—	—	—	2	—	—	—	—	—	7	—	10	—	18	—	37	—	37
Bladder	—	—	—	—	—	—	1	—	3	1	—	2	6	2	3	2	13	7	20
Bones	—	1	—	—	2	—	2	1	4	1	—	2	3	3	2	4	13	12	25
Ductless Glands	—	—	—	—	—	—	1	—	1	2	1	—	1	1	—	—	4	3	7
Other Sites	—	—	2	—	1	—	2	—	1	1	4	5	5	3	2	3	17	12	29
Leukemia	5	2	2	1	1	1	3	—	3	2	1	4	2	3	—	—	17	13	30
Totals { Male ...	8	—	4	—	10	—	18	—	88	—	186	—	187	—	121	—	622	—	1,182
Totals { Female ...	—	4	—	3	—	5	—	25	—	81	—	124	—	157	—	161	—	560	

BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1941-1960

Year	Estimated Population	Numbers						Rates					
		Live Births		Still Births	Marriages	Deaths		Per 1000 of Estimated Population			Illeg. Births per cent. of Live Births	Deaths under 1 year per 1000 Live Births	Still Births per 1000 Total Births (Live & Still)
		Total	Illegitimate			All Ages	Under 1 Year	Live Births	Marriages	Deaths			
1941	429,179	6,934	504	267	4,882	6,545	461	15·0	10·6	15·3	7·3	66	37
1942	424,547	7,386	559	255	4,887	6,152	415	15·8	10·5	14·5	7·6	56	33
1943	415,318	7,605	637	290	3,987	6,338	407	16·2	8·5	15·3	8·4	54	37
1944	418,374	7,908	720	223	3,977	5,979	403	16·6	8·3	14·3	9·1	51	27
1945	426,280	7,362	723	214	5,523	6,147	365	15·4	11·6	14·4	9·8	50	28
1941-45	**422,740**	**7,439**	**629**	**250**	**4,651**	**6,232**	**410**	**15·8**	**9·9**	**14·8**	**8·5**	**55**	**31**
1946	459,430	9,350	658	305	4,878	6,485	490	19·5	10·2	14·1	7·0	52	32
*1947	485,664	9,865	560	268	4,877	6,503	480	20·3	10·0	13·4	5·7	49	26
1948	488,331	8,420	515	254	4,606	5,955	284	17·2	9·4	12·2	6·1	34	29
1949	489,028	8,154	455	203	4,276	6,099	263	16·7	8·7	12·5	5·6	32	24
1950	488,883	7,674	407	190	4,271	6,161	225	15·7	8·7	12·6	5·3	29	24
1946-50	**482,267**	**8,693**	**519**	**244**	**4,582**	**6,241**	**348**	**17·9**	**9·4**	**12·9**	**6·0**	**40**	**27**
1951	467,435	7,353	402	204	4,222	6,474	196	15·7	9·0	13·9	5·5	27	27
1952	475,074	7,129	391	195	4,240	5,964	206	15·0	8·9	12·6	5·5	29	27
1953	470,847	7,241	379	163	4,152	5,782	177	15·4	8·8	12·3	5·2	24	22
1954	469.297	7,256	386	158	4,347	6,061	185	15·5	9·3	12·9	5·3	25	21
1955	467,889	7,128	358	177	4,517	6,049	179	15·2	9·7	12·9	5·0	25	24
1951-55	**470,108**	**7,221**	**383**	**179**	**4,296**	**6,066**	**189**	**15·4**	**9·1**	**12·9**	**5·3**	**26**	**24**
1956	466,889	7,467	360	176	4,492	6,071	179	16·0	9·6	13·0	4·8	24	23
1957	465,671	7,854	399	153	4,326	6,005	191	16·9	9·3	12·9	5·1	24	19
1958	467,410	7,864	369	155	4,283	6,023	193	16·8	9·2	12·9	4·7	25	19
1959	469,399	8,150	385	161	4,212	6,246	199	17·4	9·0	13·3	4·7	24	19
1960	471,585	8,443	441	166	4,050	5,940	178	17·9	8·6	12·6	5·2	21	19
1956-60	**468,191**	**7,956**	**391**	**162**	**4,273**	**6,057**	**188**	**17·0**	**9·1**	**12·9**	**4·9**	**24**	**19**

---

* Birth and Marriage Rates are calculated as usual on the Total Population which includes an allowance for persons in the Armed Forces. Death Rates are based on all Edinburgh Deaths registered in Scotland (corrected for usual residence) and Total Population, and not, as in the years 1940-46 on Civilian Deaths and Civilian Population.

Table showing the Population, etc., also the Births and Deaths in each Ward during 1960.

No.	Ward	Estimated Population at Mid-Year	Area in Acres	Density of Population per Acre	Births (Live)		Infant Mortality		Still Births		Deaths					
											Pulmonary Tuberculosis		*Epidemic Diseases		All Causes	
					No.	Rate per 1,000	Deaths	Rate per 1,000 Live Births	No.	Rate per 1,000 Total Births	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
1	St Giles	19,015	396	48·0	440	23·1	6	14	13	28·7	2	0·11	1	0·05	270	14·2
2	Holyrood	15,925	924	17·2	418	26·2	20	48	12	27·9	...	...	...	...	213	13·4
3	George Square ...	14,390	319	45·1	246	17·1	3	12	6	23·8	...	...	1	0·07	226	15·7
4	Newington ...	21,250	906	23·4	324	15·2	2	6	6	18·2	...	...	...	...	348	16·4
5	Liberton	30,740	4,919	6·2	586	19·1	13	22	13	21·7	...	...	...	...	261	8·5
6	Morningside ...	15,950	693	23·0	186	11·7	2	11	1	5·3	...	...	1	0·06	278	17·4
7	Merchiston ...	14,945	762	19·6	219	14·6	3	14	9	39·5	...	...	...	...	245	16·4
8	Colinton	21,090	6,242	3·4	431	20·4	6	14	8	18·2	...	...	...	...	223	10·6
9	Sighthill	25,685	1,645	15·6	328	12·8	10	31	6	18·0	1	0·04	...	...	188	7·3
10	Gorgie-Dalry ...	20,770	438	47·4	401	19·3	13	32	2	5·0	...	...	2	0·10	306	14·7
11	Corstorphine ...	19,515	3,518	5·5	380	19·5	4	11	7	18·1	...	...	...	...	245	12·6
12	Murrayfield-Cramond ...	18,135	3,703	4·9	318	17·5	2	6	1	3·1	1	0·06	...	...	244	13·5
13	Pilton	29,810	1,255	23·8	536	18·0	16	30	16	29·0	4	0·13	...	...	198	6·6
14	St Bernard's ...	21,855	1,424	15·3	349	16·0	9	26	9	25·1	2	0·09	1	0·05	297	13·6
15	St Andrew's ...	14,110	387	36·4	323	22·9	4	12	4	12·2	...	...	...	...	210	14·9
16	Broughton ...	17,635	520	33·9	299	16·9	5	17	6	19·7	...	...	...	...	238	13·5
17	Calton	16,740	318	52·6	306	18·3	7	23	1	3·2	2	0·12	1	0·06	260	15·5
18	West Leith ...	16,430	1,041	15·8	273	16·6	6	22	4	14·4	...	...	1	0·06	209	12·7
19	Central Leith ...	19,580	304	64·4	416	21·2	10	24	6	14·2	...	...	1	0·05	225	11·5
20	South Leith ...	19,885	699	28·4	355	17·8	8	23	6	16·6	1	0·05	...	...	267	13·4
21	Craigentinny ...	22,855	945	24·2	273	11·9	7	26	5	18·0	2	0·09	1	0·04	247	10·8
22	Portobello ...	25,880	1,942	13·3	516	19·9	10	19	11	20·9	3	0·12	..	...	313	12·1
23	Craigmillar ...	19,430	1,481	13·1	399	20·5	10	25	11	26·8	1	0·05	...	..	130	6·7
	Institutions and Military Quarters	9,965	...	...	121	...	2	...	3	...	5	...	...	...	299	...
	Totals ...	471,535	34,781	13·6	8,443	17·9	178	21	166	19·3	24	0·05	10	0·02	5,940	12·6

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-Spinal Fever and Influenza.

NOTE.—Births and deaths occurring in institutions are allocated to wards, except in cases where a permanent domicile cannot be established.

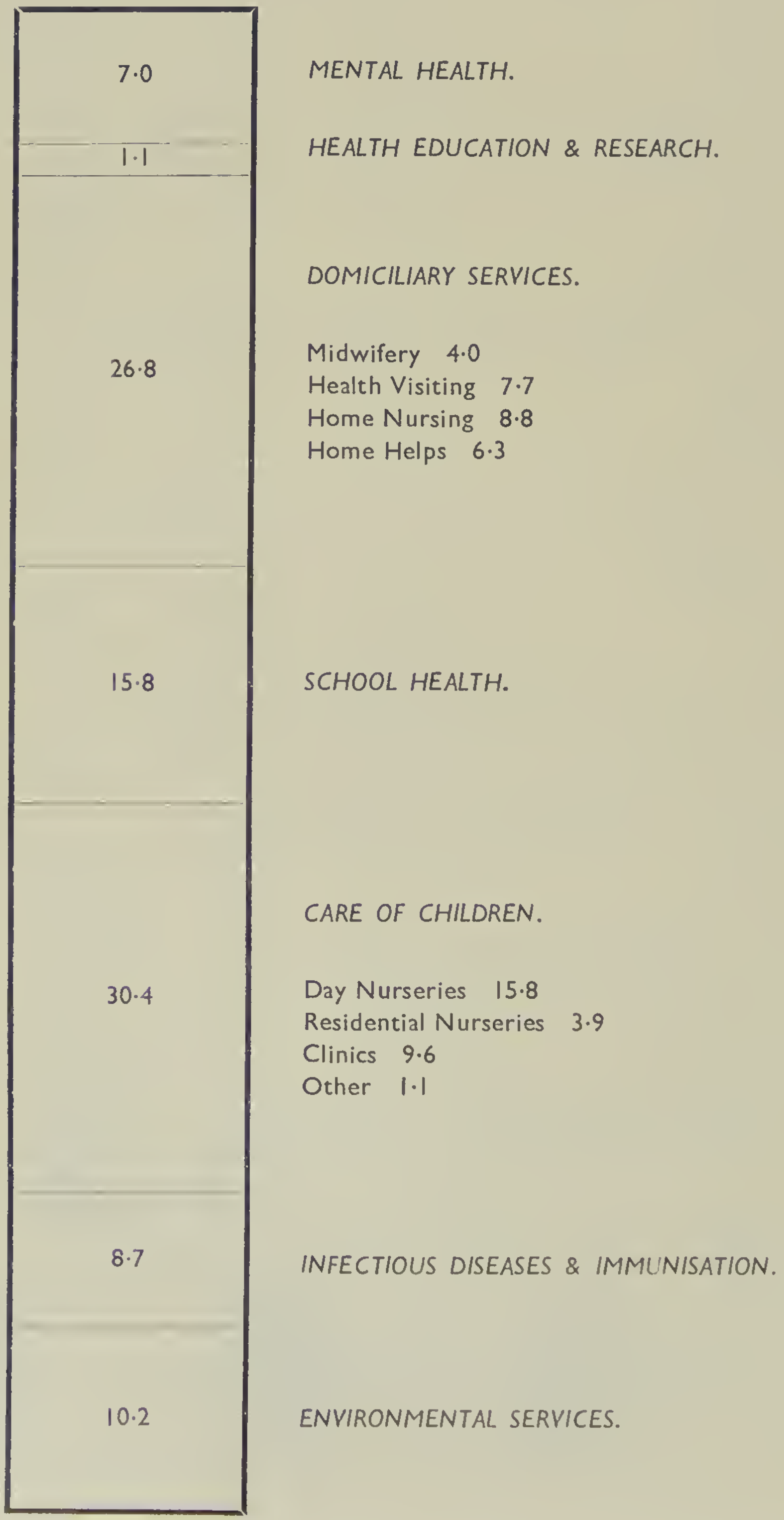
CITY OF EDINBURGH
Inhabited Houses.

NUMBER OF INHABITED HOUSES

WARDS	1958–59	1959–60	1960–61
1. St Giles	6,563	6,464	6,340
2. Holyrood	6,110	5,890	5,693
3. George Square ...	5,320	5,295	5,250
4. Newington	7,608	7,535	7,567
5. Liberton	8,301	8,590	8,970
6. Morningside	6,376	6,359	6,415
7. Merchiston	5,663	5,688	5,721
8. Colinton	7,208	7,547	7,668
9. Sighthill	6,747	6,803	6,824
10. Gorgie-Dalry	7,419	7,460	7,508
11. Corstorphine	6,737	6,885	7,109
12. Murrayfield-Cramond	6,430	6,615	6,795
13. Pilton	6,680	6,813	6,849
14. St Bernard's	8,273	8,291	8,291
15. St Andrew's	5,668	5,559	5,526
16. Broughton	6,184	6,153	6,133
17. Calton	6,070	6,062	5,937
18. West Leith	5,712	5,693	5,726
19. Central Leith	6,550	6,531	6,496
20. South Leith	6,847	6.857	6,840
21. Craigentinny	6,827	6,827	6,865
22. Portobello	7,549	8,011	8,300
23. Craigmillar	4,376	4.376	4,427
	151,218	152,304	153,250

Year	*Increase*	*Year*	*Increase*
1947–48	1,358	1954–55	2,135
1948–49	2,808	1955–56	1,211
1949–50	2,924	1956–57	2,208
1950–51	1.481	1957–58	1,186
1951–52	350	1958–59	1,259
1952–53	928	1959–60	1,086
1953–54	1,076	1960–61	946

COSTS OF HEALTH SERVICES, SHOWN AS PERCENTAGE OF TOTAL NET EXPENDITURE—£686,787.



CHILD HEALTH

MATERNAL AND CHILD WELFARE.

REPORT BY THE PRINCIPAL MEDICAL OFFICER.

Historical Note.

Following our usual custom of looking back over the years and recalling past events and developments, it is appropriate this year when the city's infant mortality rate is the lowest ever recorded to recall what Dr. Maxwell Williamson, the Medical Officer of Health in 1910, had to say of the rate in that year, for then the rate had reached the lowest yet attained. In discussing the rate of 103 deaths per 1,000 births he commented that there could be little doubt that in addition to the general improved sanitary condition of the city, much of the low rate had been attained through the sustained efforts of the Voluntary Health Visitors "who for some years past have dealt with this whole question in a manner which can only be characterised as thorough in every detail".

The achievements of these voluntary visitors could be traced to the fact that they recognised the importance of being themselves educated in the subjects in regard to which they were called upon to give advice. The courses of lectures arranged for these ladies by their Association had undoubtedly been an element of much importance in connection with the success of their work.

"Very nearly the whole city is now supervised by these ladies, and as their interest in connection with their splendid work seems ever to increase, there is every room for hope that even the record rate of Infantile Mortality which has now been reached may be still further diminished. Of course there exists a darker side to the subject. While the figure stated (103) is the average one over the whole city, it is important not to lose sight of the disproportionately high rate which prevails in some of the lower and slum districts of it. The Cowgate district, for example, has suffered from an unenviable notoriety in this and in many other respects—there being actually 208 per 1,000 births as contrasted with 80 per 1,000 in some more favoured districts. Much, of course, may yet be done through the continued well-directed energies of the Voluntary Health Visitors".

Another interesting sidelight of fifty years ago concerned an outbreak of a "somewhat virulent type" of diphtheria in the Albert Street district. Experience in this and other earlier outbreaks of the disease prompted Dr. Maxwell Williamson to make representations to the Public Health Committee to make available to medical practitioners free supplies of anti-diphtheritic serum, and these representations proving successful, arrangements were promptly set agoing to have the recommendation carried out. Although Dr Williamson commented that there was every hope that this measure would prove useful, both from a curative and preventive point of view, he does not indicate whether, in fact, the serum was used prophylactically in contacts.

Developments During the Year.

A pool car was made available for the midwives operating from the Crewe Road district home, and thus all five district homes are now provided with cars.

In January, Dr. M. S. B. Langton and six health visitors on combined child welfare, school health and tuberculosis work were regionalised and based on the Health Centre at Sighthill, an experiment which has proved interesting and successful.

In the same month, the staphylococcal survey, originally a pilot one, was extended to cover the whole city, while the long-term illness survey, conducted in conjunction with the Department of Health, was continued throughout the year.

All infants born on 1st January and thereafter were tested, with parental consent, for phenylketonuria. The time chosen to carry out this test was when infants reached the age of six weeks, and "Phenistix" were used for the test on wet napkins.

Arrangements were finalised in January for a health visitor to act as a liaison with the children's department of Bruntsfield Hospital for Women and Children. This completed such arrangements with all the children's hospitals and units in the city, and since liaison is maintained with the maternity, geriatric and mental hospitals in the city, it can be said with confidence that the association of the Public Health Department with the specialist hospital services is a close and mutually profitable one. Two further steps were taken with regard to health visitors working with family doctors. In June, a health visitor began to attend the monthly baby clinic of a doctor in Juniper Green, and in October, another health visitor started attendance at a similar clinic run by two doctors in Portobello.

Following the successful introduction last year of a scheme of in-service training in mental and nervous disorders for health visitors, the scheme was further extended, a second group beginning training at West House Hospital in October, while in the same month two other groups attended Rosslynlee and Bangour Hospitals respectively. In May, a small group of six health visitors began a course in mental deficiency at Gogarburn.

A new child welfare centre was opened at Featherhall Avenue, Corstorphine, in July to replace the clinic formerly held in Corstorphine Public Hall, and a few weeks' experience showed that two weekly sessions were required and in early September this second session was commenced. The centre has proved most successful, and it provides, in addition to child welfare services, facilities for the distribution of welfare foods, and an up-to-date dental section for both maternal and child welfare and school dental service activities.

A new health education and mothercraft class was begun at the Portobello centre in March, the first to be held there for some years.

The family service unit worker commenced regular monthly meetings with the health visitors concerned in her cases and this has proved of benefit to all concerned.

At the request of the Scottish Council for Research in Education, a pilot survey on the physical health of ex-nursery school children was conducted in June by Dr. Boog Watson and one of the combined duties health visitors.

Because of devolution of staff it has been decided to issue from time to time a newsheet to keep members informed not only of developments within the service but also of recent advances and developments in the field of maternal and child health. Two such newsheets have already been circulated this year.

Two group advisers were appointed to the health visitor staff from among the existing staff. These two advisers, Miss M. G. Watson and Miss M. I. Rattray commenced duties on 1st August, while in October a welfare assistant was appointed on a trial basis for six months.

Misses I. H. Russell, S. MacKenzie and G. McPhail, Matrons of Stenhouse, Craigmillar and Niddrie day nurseries respectively published their paper on Accidental Poisoning in Young Children: Experiments with some safety devices, in the *Medical Officer* (1960, 103, 256-57).

Miss I. T. Beattie, superintendent health visitor, was invited to address a meeting of Medical Officers of Health at Perth in October on the subject of the Implementation of the Working Party Report on Health Visiting, and she subsequently published this paper in the *Nursing Mirror* of 30th December (pp. vii-x of the supplement). She was also a co-author of a paper on In-Service Mental Health Training for Health Visitors (*Lancet*, 1960, ii, 641-643). She was appointed to the Nursing and House Committees of the Royal Edinburgh Hospital for Mental and Nervous Disorders, while in December she was elected a nursing representative to the General Nursing Council for Scotland.

As in former years the Tables are grouped together at the end of the text for easier reference.

(I) MATERNAL HEALTH AND WELFARE.

(*a*) Domiciliary Midwifery Service (Table 1).

The only event which falls to be recorded this year was the allocation, in June, of a pool car for the use of midwives based on the district home at Crewe Road. This has helped very materially to reduce the travelling time which formerly was considerable when public transport was the ordinary means available to the midwives for routine visits to patients.

Agency arrangements continued as in former years, and so far as midwives directly employed by the Corporation were concerned, there were 14 so employed full-time, including the non-medical supervisor, as at 31st December.

During the year 1,478 domiciliary births occurred in the city, and of these 1,466 were attended by midwives provided under the local health authority service. The distribution of these births was as follows :—

992 births were attended by Corporation midwives ;
283 births were attended by midwives from the Simpson Memorial Maternity Hospital ;
129 births were attended by Queen's Institute midwives ;
62 births were attended by midwives from the Elsie Inglis Memorial Maternity Hospital.

The remaining 12 births taking place at home were attended in 5 instances by private practising midwives working with a medical practitioner, in 4 by a medical practitioner only, while three births were unattended by either midwife or doctor.

Analgesics were administered in 1,370 of the 1,466 domiciliary confinements attended under local authority arrangements, the number of analgesics given being 2,236. Of these analgesics, 1,953 were administered by midwives and 283 by doctors. The forms of analgesia used were: pethidine, 882; gas and air, 83; chloroform, 69; trilene, 1,201; others 1. In 15 cases analgesia in any form was refused by the women concerned, and in 81 cases an analgesic was not administered for other reasons, such as transfer to hospital for confinement. Trilene still retains its popularity as the favourite analgesic but pethidine is being increasingly used each year.

Since the equipping of each midwife in the domiciliary service with low-reading thermometers in order to guard against the danger of neonatal cold injury in infants came into general use, this year was the first one in which definite cases of this disorder came to notice. One instance occurred in early April in a 4 day old infant who succumbed to the disorder even although admitted to hospital for treatment, the second case occurred in November but this baby responded well to treatment and recovered. These two cases serve to emphasize that neonatal cold injury is a clinical entity and not of mere academic interest only.

(*b*) **Ante-Natal Clinic** (Table 2).

As in past years the only local health authority ante-natal clinic in operation was that at Niddrie where staff from the Elsie Inglis Maternity Hospital are in attendance as well as the district health visitors. The women attending the clinic are booked for confinement at that hospital. In all, 190 women attended the clinic during the year, of which 145 were new cases.

(*c*) **Post-Natal Clinic** (Table 2).

Post-natal care is given at the ante-natal sessions at Niddrie. The total number of women receiving such care during the year was 45, of which 42 were new cases.

(*d*) **Puerperal Fever and Puerperal Pyrexia** (Tables 3-5).

Five cases of puerperal pyrexia were notified, the diagnosis being confirmed in 2 cases, the other 3 being finally diagnosed as puerperal fever. Four cases were notified as puerperal fever, a diagnosis confirmed in 3 instances, the fourth case being one of puerperal pyrexia. The final analysis, therefore, of all the notified cases of these two conditions was: puerperal fever 6 cases; puerperal pyrexia 3. There were no deaths among these 9 women.

It is most surprising to find such a low number of notifications of these two conditions, since staphylococcal infection, especially in hospitals, is known to be quite prevalent from time to time. It would appear that the legal obligation to notify these two puerperal conditions has practically become a dead letter. Unless the Medical Officer of Health is notified of such pyrexial states when they occur in parturient women, as he should be, he cannot obviously be in a position of knowledge as to the extent of these conditions, and in particular, staphylococcal infections.

(*e*) **Maternal Deaths** (Tables 6-8).

One maternal death only falls to be recorded this year. This was a case of sudden death under anæsthesia of a woman, aged 34, who was undergoing an operation for Cæsarean section. The death was totally unexpected, the patient having had regular and careful ante-natal care, while the operation was planned at a definite time and for specific reasons. There was no emergency, and no difficulties at operation were encountered.

In July, a Report on the Confidential Inquiry into Maternal Deaths, 1955-57, was published for England and Wales. This Report was a continuation of the earlier one published in 1957 and dealing with maternal deaths in these two countries from 1952-54. The second Report deals with 1,480 deaths, and the four main causes were found to be toxæmia (22 per cent), pulmonary embolism (17 per cent), abortion (16 per cent), and hæmorrhage (14 per cent). Compared with the earlier report, there was a general reduction of about one-fifth in the number of maternal deaths, the deaths from toxæmia having been reduced by one-fifth, and hæmorrhage by about one-third. The Report deserves close study by all concerned in maternal care.

Two significant paragraphs in the Report might be singled out for special mention.

"Two reports on Confidential Inquiries into Maternal Deaths have now been published. Has the work and trouble involved in their production been justified? Can we expect a further and substantial reduction in maternal mortality, and foetal perinatal deaths, for the two must run concurrently? Is it not probable that an irreducible minimum or hard core must be recognised and is not this figure nearly reached? These and similar questions must have been asked many times and with a maternal mortality rate in 1958 of less than 0·4 per 1,000 not without justification? There will be some, however, who must clearly remember exactly similar doubts being raised only a quarter of a century ago, when the maternal mortality figure was no less than 10 times what it is today.

"Much, too, can be expected by the steady improvement in co-ordination of the three sectors of the maternity services. If the pace has been slow, the final result may be the more effective for that reason. If, therefore, the profession is prepared to study lessons that can be learnt from these reports and to implement suggestions made in them it is most probable, if not certain, that a maternal mortality certainly of two, and probably of one, per 10,000 births is obtainable. There are ample grounds for belief that childbirth will continue to become ever more safe and that no small part will be played by an unremitting vigilance on a national scale".

II. CHILD HEALTH AND WELFARE.

(*a*) **Registered Live Births** (Tables 9, 10).

There were 8,443 registered live births during the year after the usual corrections had been made. Of these births, 4,322 were males, and 4,121 were females. The birth rate for the city was 17·9 compared with 17·4 last year, 16·8 in 1958, and

16·9 in 1957. Apart from the years 1946 and 1947 when the birth rates in the cit were 19·5 and 20·3 respectively, this year's rate is the highest since 1926.

(*b*) Illegitimate Births (Table 9).

Illegitimate births registered were 441, giving an illegitimate birth rate o 5·2 per cent. Notified illegitimate births numbered 587. The following tabl shows the main details of the notified illegitimate births each month during the year

Month		Males	Females	Over 5½ lb. at birth	5½ lb. or under	Live-born	Still-born	Domicile of Mother		Total
								Local	Out of Town	
January	...	25	18	38	5	42	1	36	7	43
February	...	32	24	48	8	53	3	37	19	56
March	...	21	26	41	6	46	1	36	11	47
April	...	19	26	41	4	45	—	31	14	45
May	...	24	26	44	6	46	4	41	9	50
June	...	22	26	41	7	48	—	37	11	48
July	...	32	24	46	10	55	1	36	20	56
August	...	29	21	42	8	48	2	37	13	50
September	...	24	21	41	4	44	1	24	21	45
October	...	18	24	37	5	40	2	31	11	42
November....	...	30	22	47	5	52	—	36	16	52
December	...	27	26	51	2	51	2	33	20	53
Totals	...	303	284	517	70	570	17	415	172	587

Of these infants, 90 were born to mothers who resided in mother and bab homes in the city, many of these mothers being domiciled outwith the city. Ther were 569 single births and 9 twin births.

(*c*) Registered Stillbirths (Tables 11, 12).

Stillbirths registered during the year numbered 166, after corrections had bee made, giving a rate of 19 per 1,000 total births. Table 12 shows the certified cause of these stillbirths, from which it is obvious that "ill-defined and other causes" constitute the majority of the foetal deaths, itself an indication of our ignorance o many of the factors causing intra-uterine death. Foetal defects follow closely i second place, while ante-partum hæmorrhage and other placental and cord conditions form the third major group of causes of stillbirth.

(*d*) Notified Live and Stillbirths (Table 1).

Notified births, both live and stillborn, numbered 10,964 of which 10,71 were liveborn and 248 stillborn.

(*e*) Infant and Pre-School Child Deaths (Tables 13-19).

(1) **Infant Deaths**—The infant mortality rate for the city for the year was 21 per 1,000 registered live births, a new low record for the city, the previous lowest rate, 24, having been achieved first in 1953, and subsequently in 1956. 1957

and last year. There were 178 deaths in infants under one year, of which 105 were males and 73 were females. Of these deaths 138 occurred within the first 28 days of life, giving a neo-natal mortality rate of 16, a low rate achieved only once before in 1953. There were 78 deaths during the first day, accounting for 44 per cent. of the entire deaths during the first year; 116 deaths occurred within the first week of life or 65 per cent. of the total under one year. Neo-natal deaths (138) accounted for 78 per cent., or just over three quarters of the infant deaths during the first year of life. Post-natal deaths numbered 40, the lowest figure ever recorded, the previous best being 48 in 1956.

Of the deaths under one year, first place among the causes was taken by congenital malformations which accounted for 38 deaths, 28 of which occurred within the first four weeks of life. Second place was occupied by immaturity which caused 32 deaths, all in the neo-natal period, and 26 of them in the first day. Other diseases of early infancy accounted for 26 deaths, 24 of them in the neo-natal period. Fourth place was taken by post-natal asphyxia/atelectasis which resulted in 25 deaths, all in the neo-natal period. Pneumonia, bronchitis and other acute respiratory infections took fifth place and birth injuries sixth place.

There were 5 deaths attributable to "suffocation", one of which was due to overlaying. Although there was only this one death from overlaying there is evidence that the practice of some parents of taking their infants into bed with them, especially if the babies are fractious during the night, is still quite common. This is a matter of considerable concern and the health visitors are constantly drawing the attention of parents to this dangerous practice. The work of Parish *et al* (*Lancet*, 1960, ii, 1106) is interesting in that it may lead to a final explanation of many, if not all, cases of so-called "inhalation of vomited matter", a form of sudden death in infancy which has attracted much attention within recent years and to which reference has been made from time to time in past reports. The three deaths ascribed to "inhalation of vomited matter" occurred in infants aged respectively 1 month, months, and 6 months and all three were artificially fed, while an asphyxia from a soft pillow was recorded in an infant of one month.

Table 18 shows in some detail the causes of death among infants and pre-school children.

(2) Deaths in Age Group 1-5 years.—There were 26 deaths among children in this age group, 11 less than last year. Of these deaths 6 were due to accidental causes classified as follows:—

Home Accidents (3)

1. Female, æt 1 year.	Accidental drowning in bath.
2. Male, æt 1 year.	Quinine poisoning.
3. Female, æt 2 years.	"Flame burn" from dress catching fire.

Accidents outwith the Home (3)

1. Male, æt 15 months.	Multiple injuries from fall into well of common stair.
2. Male, æt 4 years.	Road Traffic accident.
3. Male, æt 4 years.	Road Traffic accident.

Respiratory infections accounted for 4 deaths, all the infections being terminal events in handicapped children. Malignant disease also caused 4 deaths, two being due to acute lymphatic leukaemia, one to aplastic anaemia, and one to a neuroblastoma. Congenital anomalies were responsible for 3 deaths, two cases being due to congenital heart disease and one to progressive hydrocephalus. Gastro-enteritis accounted for 1 death. There were 8 deaths classified under "All other causes" and these included an unusual death in an infant just over one year old who was admitted to hospital almost in extremis with diabetic coma, the diabetic nature of the illness being recognised just prior to death.

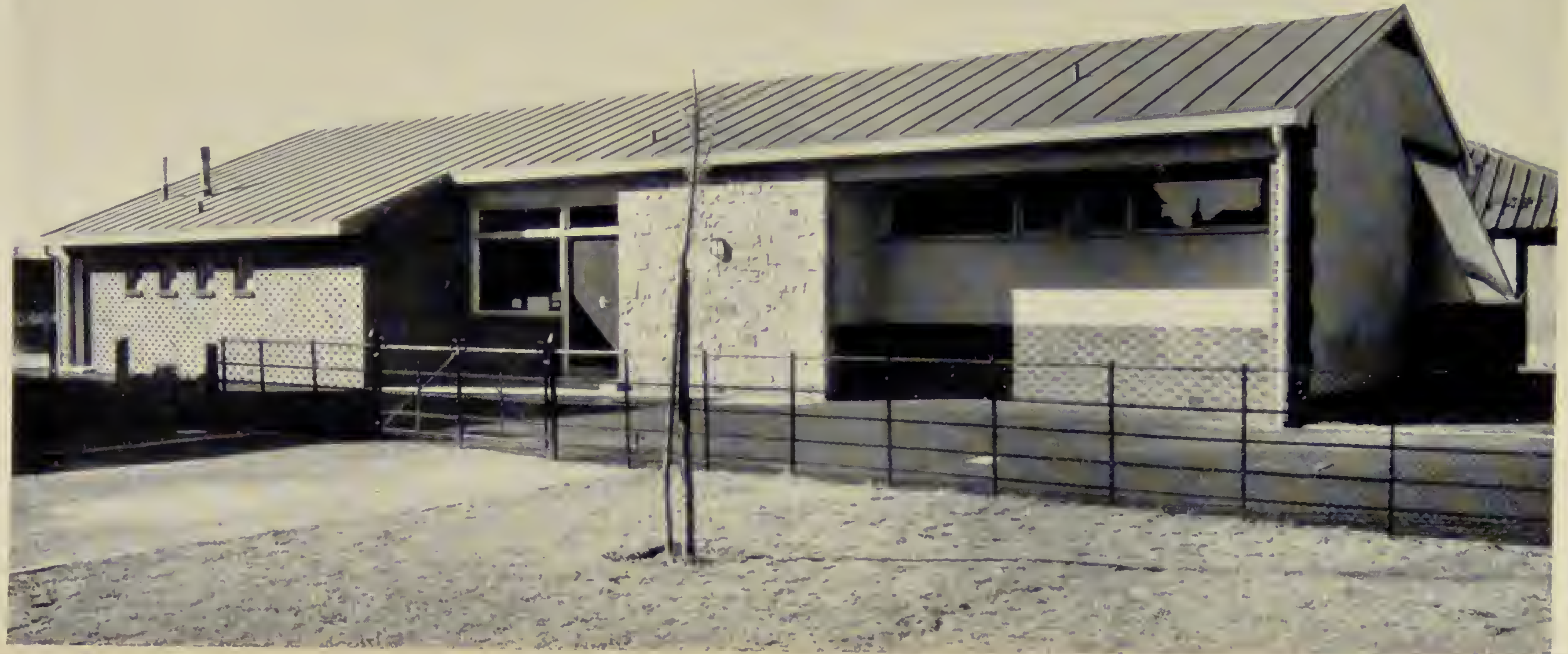
(*f*) **Ophthalmia Neonatorum** (Table 20).

Six cases of this disease were notified during the year, 5 cases occurring in hospital-born infants, and 1 in a baby born at home. In three of the cases the gonococcus was isolated but these and the other non-gonococcal infections cleared up rapidly on treatment being instituted, and no impairment of vision resulted.

(*g*) **Health Supervision** (Table 21).

Twenty-nine child welfare centres operated throughout the year, the only change to be recorded being one of location. In July, with the opening of the new clinic premises at Featherhall Avenue, Corstorphine, the sessions were transferred there from Corstorphine Public Hall where the first clinic for the area was opened in 1950. At these twenty-nine centres 2,573 sessions were held during the year, and 7,279 infants under one year, and 5,565 children aged from 1-5 years attended, making a total of 12,844 children under 5 years. Of these numbers, 5,482 infants were attending the centres for the first time, and 1,462 pre-school children. The infants, whether new or old cases, made 53,781 attendances, and the pre-school children 22,270 attendances, a total of 76,051 attendances. With the tailing off of the poliomyelitis vaccination drive for children under 5 years, this immunisation procedure has now settled down into a regular feature of child welfare clinic work, and parents are to be commended for their awareness of the need for this important form of protection. This combination of specific protection against infectious diseases and of health education and supervision is now becoming a more prominent feature of child welfare work.

Dr. Mary D. Sheridan of the Ministry of Health has produced an admirable report on the Developmental Progress of Infants and Young Children, No. 102 of the series of Reports on Public Health and Medical Subjects. Sir John Charles in the preface draws attention to our changed attitude to seriously handicapped children, the principal reason for this being that we have begun to learn how much more can be done to help such children to overcome and circumvent their disabilities than was previously thought possible. The report should assist doctors and health visitors to assess and record developmental progress, although it must be emphasised that testing procedures have their limitations. They cannot, for example, predict a child's future performance, still less his ultimate mental level, a point of much practical significance.



New
Clinic,
Corstorphine.

(*h*) **Ultra-violet Ray Clinics** (Table 22).

The usual centres at which artificial sunlight lamps were in use in past years continued in operation this year, and 424 sessions were held between January to March, and September to December. The number of children brought to the centres was 166, a further drop in numbers on which comment was made in last year's report. These children made 2,507 attendances.

(*i*) **Vaccinations and Immunisations.**

Some 2,657 infants were successfully vaccinated against smallpox at the child welfare centres. In addition, 2,465 infants and young children were protected against diphtheria by formol toxoid, while 69 completed diphtheria-pertussis inoculations commenced elsewhere, and 131 completed triple antigen courses also begun elsewhere. The increase in the latter group of inoculations is a reflection of the increasing use by local health authorities in other parts of the country of triple antigen. The time is surely ripe for a re- appraisal by the Government of the use of single and multiple antigens because the differences in the practices of local authorities and even individual doctors are confusing to parents, and unsatisfactory to medical officers. In this connection the Symposium on Immunisation in Childhood held in May, 1959, and the proceedings of which were published this year, was a valuable platform for the expression of views on this thorny, but such important, problem.

Regarding diphtheria protection, the total number of children so immunised at the clinics, and whether by formol toxoid alone, or in combination with whooping cough vaccine or as triple antigen, was 2,665. Those protected against whooping cough, again by any of the three usual methods, numbered 2,783.

Dr. Marian E. Sturrock and Dr. W. N. Hood, assistant medical officers of the service, have for some time now been carrying out surveys of children for whom no records exist in the Health Department immunisation section's files. Their latest results deal with children born in 1957 and 1958. They found that for smallpox vaccination some 9% of the children involved had in fact been so protected, a similar percentage obtaining for both whooping cough and diphtheria protection. Ten per cent. of the total children born in these two years and still surviving were completely unprotected against any of the usual diseases for which prophylactics exist and are freely offered.

(*j*) **Day Nurseries** (Table 23).

There was no increase in the nursery provision during the year although preparations are going ahead for the erection of the new day nursery at Gilmerton. The accommodation figure at the 14 day nurseries remained at 660 places and the percentage of possible attendances was 78. The system of priority admission to the nurseries, to which reference has previously been made, continued to be the criterion for admission, and a review of the circumstances of the children attending th nurseries at 12th November yielded the following information :—

Number of children in priority group 1	618 (90 per cent)
Number of children in priority group 2	57 (8 per cent)
Number of children temporarily admitted ...	15 (2 per cent)

The waiting list for the nurseries at the end of December totalled 781, and although the list has not been analysed in the detailed way in which the children on the rolls of the nurseries have been, the matrons who meet the parents making application are able to form some opinion of their reasons for doing so. Apart from cases obviously falling into the priority groups, the main reasons advanced by many parents seeking their children's admission to the nurseries are apparently (*a*) a desire on the part of the mother to work to supplement the family income and thi is often bound up with the entry of the family into a new home, (*b*) the parents' wish that their children should have the companionship of others together with som form of supervised group play. This latter type of application is referred to nursery schools or to private nurseries registered with the child welfare service under the Nurseries and Child Minders Regulation Act of 1948.

Another group of applicants which has increased during the past few years comprises those parents who desire care for their children for only a few hours each week, perhaps three hours twice weekly so that the mothers may attend hospitals or treatment centres for physiotherapy or other form of medical care. These part-time attenders are difficult to place since they usually require immediate admission to a day nursery already full, and are not an attractive proposition to the private nursery groups. The solution would appear to be some form of group care at the place of the mothers' treatment, such as obtains at Sighthill Health Centre. The Voluntary Health Workers' Association are actively considering how they might, through their playgrounds, help in this problem.

Nineteen candidates from the day and residential nursery service sat the Examination of the Scottish Nursery Nurses' Examination Board, and 17 obtained the certificate, two with merit. All nursery nurse students get experience in day and residential nurseries and in nursery schools, as well as attending the pre-nursing centre at Dean College.

(*k*) **Residential Nurseries** (Table 24).

Admissions to the three residential nurseries at 7 West Coates, 22 Viewforth Terrace and 71-73 Henderson Row reached a new high level this year when no fewer than 767 children were admitted. Over the past few years the admissions each year have been :—

1955	691	admissions
1956	668	,,
1957	748	,,
1958	689	,,
1959	727	,,
1960	767	,,

Analysis of the reasons for these children's admissions reveals this situation :—

86 were admitted because of mother's health ante-natally.
306 were admitted because of mother's confinement.
228 were admitted because of mother's admission to hospital (general).
47 were admitted because of mother's admission to mental hospital.
51 were admitted because of mother's illness at home.
49 were admitted because of mother's convalescence or need to rest.

(*l*) Nursery Nurses Hostel.

The hostel at 19 Chester Street is still used to its full capacity of 18 beds. erving girls from outwith the city area it plays an important part in ensuring that taffing of the nurseries is adequate and that the full complement of students is taken n at the twice yearly recruitment periods. The majority, too, of applicants for the ursery nurses' training come from areas outwith the city, often from distant parts f Scotland.

(*m*) Registration of Nurseries and Child Minders (Table 25).

During the year there were no new registrations of nurseries by the Health ommittee, the number of such nurseries remaining as before at 4 with accomodation for 81 children. Four new applications for registration as child-minders ere made, three of which were granted by the Committee, the fourth being still ending at the close of the year, when the total number of registered child minders ood at 14, caring for a total of 223 children.

(*n*) Toddlers Playgrounds (Table 26).

The Voluntary Health Workers' Association continues its admirable series of ddlers' playgrounds in various parts of the city. Two new playgrounds were ened during the year, at St. John's Church Hall, Oxgangs, and at St. Martin's hurch Hall, Magdalene Drive, respectively. In order that the most deserving ildren should get admission to these playgrounds, the Association in conjunction th the Medical Officer of Health drew up a list of circumstances which it is hoped ll prove of help to superintendents in deciding on admissions.

The Organising Secretary, Miss E. A. Cuthbertson, 31 Eglinton Crescent, inburgh 12 (Tel. DONaldson 5028), will be glad to provide information regarding e Association and its work at the playgrounds to interested inquirers.

(*o*) Welfare Foods Distribution (Table 27).

No changes were made in the location or staffing arrangements at the 38 stribution centres in various parts of the city. The uptake figures for national ied milk show a fall of almost 9,000 tins compared with last year, and the distribution of cod liver oil compound has also fallen somewhat. On the other han there have been quite appreciable increases in the uptake figures for Vit. A and I tablets and for concentrated orange juice.

The following table shows the uptake of the foods over the years since the loca health authority undertook responsibility for their distribution. The figures d not include issues to day nurseries, etc.

Year	Tins of Nat. Dried Milk	Bottles of Cod Liver Oil	Packets of Vit. A. & D. Tabs.	Bottles of Orange Juice
1955	204,707	64,706	23,510	329,544
1956	196,315	57,453	24,786	345,696
1957	150,069	49,918	24,423	354,018
1958	117,689	31,146	23,582	222,585
1959	112,967	33,391	24,313	232,514
1960	104,309	32,844	25,841	238,192

(*p*) Infant Feeding Centre, Portobello

The infant feeding centre was again open during the month of July at th British Legion Hall, Tower Street, Portobello. The centre was used by an increase number of mothers this year, in fact, the figure of 353 attendances was the highes since 1955. As has already been commented upon in previous reports, the attendances are heaviest during the Glasgow holiday period but mothers with their childre from all parts of Scotland and England come to the centre when holidaying for th day or longer periods at Portobello. The following is a comparative statement of th attendances each year since the centre was opened in 1951.

Year	Days Open	Total Attendances
1951	51	323
1952	51	400
1953	29	171
1954	29	325
1955	31	494
1956	30	288
1957	31	212
1958	31	343
1959	29	204
1960	31	353

III. DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

(Table 28).

Once again it is disappointing to record that the figures presented for the year relating to dental care of mothers and young children are low. While it may be pertinent to remark that many mothers and their children attend private dental practitioners under the National Health Service, it cannot be said that many are referred to or come to the school dental clinics for examination and treatment.

Only 70 expectant mothers were referred for dental inspection, all required and accepted treatment and 66 actually attended for this treatment. Some 124 nursing mothers were examined, all required treatment, and 123 accepted it, but only 115 actually attended for this dental care. Of the 787 pre-school children seen by the dental officers, 752 were found to be in need of treatment, and this was accepted by the parents for 750 of the youngsters, but only 672 were actually brought for the necessary dental care.

From these figures, which are anything but encouraging when it is known that dental health in the population is generally poor, it is obvious that some grave defect exists in our system of dental education. While a shortage of dental officers may be a factor militating against more effective propaganda, there can be little doubt that if improved recruitment to the ranks of dental officers could come about soon, the allocation of some by local health authorities to their own and to hospital ante-natal clinics would at least ensure that a majority of pregnant women had their teeth examined and with more chance of effective treatment.

IV. MOTHER AND BABY HOMES (Table 29).

Three such homes are provided in the city by voluntary organisations and tribute should be paid to the effective and sympathetic help and encouragement given to the mothers by these associations.

(*a*) Edinburgh Home for Mothers and Babies, 17 Claremont Park, Leith, Edinburgh, 6.

Twelve beds and a similar number of cots are provided at this home where the mothers are admitted during the ante-natal period. Confinements take place in hospital from which the mothers and their infants return to the home for varying periods thereafter. During the year 35 mothers were admitted.

(*b*) Haig Ferguson Memorial Home, 4 Lauriston Park, Edinburgh, 3.

The newly reconstructed and improved premises have added greatly to the amenities of this home established in 1899. There are 4 beds for ante-natal purposes and 5 for post-natal cases along with 5 cots. Confinements take place in the nearby Simpson Memorial Maternity Hospital. Thirty-three mothers were admitted during the year.

(*c*) Salvation Army Home for Mothers and Babies, "Tor", Corstorphine Road, Edinburgh, 12.

Seven beds are allocated for ante-natal purposes and 17 for post-natal, with 24 cots. Many of the confinements are conducted in the home by the medical practitioner in charge of it. Fifty-eight mothers were admitted during the year.

Ignoring re-admissions to these homes following confinements in hospital, there were 126 admissions during the year, 6 less than last year.

V. HEALTH VISITING (Table 30).

(*a*) For the year, 3,120 expectant mothers were visited by the health visitors for the first time, and 1,674 subsequent visits were paid, giving a total of 4,794 ante-natal visits, an increase of 75 visits over last year's figures for this group of the population. Information regarding pregnant women is obtained from the regular returns made to the service by the four maternity hospitals, in addition, of course, to the information obtained from the domiciliary midwives.

As regards infants 12,708 were visited in their own homes, 8,312 being first visits and 52,061 subsequent visits, giving a total of 60,373 visits to infants under one year of age. For children aged 1-5 years, some 19,405 were visited at home, 791 being first visits and 82,239 being subsequent visits, a total, therefore, of 83,030 visits. Finally, for other cases, e.g. elderly persons, and similar instances, 9,876 persons were visited, 9,676 being first visits and 9,734 subsequent ones, a total of 19,410 visits. Thus a grand total of visits paid during the year, excluding school children and tuberculous cases was 167,607 visits, an increase of 20,705 visits over last year's figure. Waste visits, as usual, came to quite a high number, 26,554, and if these be included in the final total, as seems justified, it will reach the figure of 194,161 which represents an enormous effort on the part of this section of the Department's staff.

But while figures are justified if represented and interpreted properly, assessment of the duties and functions of health visitors does not lie merely in the number of visits they pay but in the quality and results of their work. The work of the health visitor is being appreciated more and more by hospital training schools for nurses and each year shows a steadily increasing demand being made on the health visitor's time for taking these young trainees out on district and giving them a taste of and insight into the home life of people, their problems, their hopes, their fears, and the environment in which they live. Only by this means can the young nurse come to appreciate the other side of the picture of the patient in hospital, isolated as he or she is, from their family. It is this knowledge of and sympathy with the patient and the family at home that brings the young nurse nearer to a grasp of the real meaning of social medicine. The total patient, not the case in the ward bed, is the thing that matters most.

During the year, groups of nurse trainees from Chalmers Hospital, Royal Infirmary, Royal Hospital for Sick Children, the Southern and Northern Hospital groups, to the number of 244 have been given the opportunity of home visiting with the health visitors, and to these must be added medical postgraduates and the many medical, nursing, and medico-social workers who wish to gain insight into the health visitor's work.

In February, the Medical Health Services Sub-committee had under consideration Department of Health Circular No. 90/1959 dealing with the recommendations of the Working Party on Health Visitors. As a consequence of the deliberations of the sub-committee, endorsed by the full Health Committee, and for health visitor establishment purposes, by the Establishment Committee of the Finance Committee, certain further developments in the health visitor service took place during the year.

One of the recommendations dealt with an extension of the training of health visitors in follow-up and after-care of patients suffering from mental illness. It will be recalled that an experiment in this direction was begun last year when a group of health visitors began a course of in-service training in mental illness and after-care, a successful attempt which has been described in full in a joint paper, including among the authors, the medical officer of health, senior medical officer in charge of mental health and the superintendent health visitor, and which appeared in the *Lancet* (1960, ii, 641-643). The extension of training included a further group, this time of 18 health visitors beginning a course in October, while in the same month, two other groups of 14 and 9 respectively began courses at Rosslynlee and Bangour Hospitals, while instruction in mental deficiency began for a group of 6 at Gogarburn Institution in May.

The goal towards developing the all-purpose health visitor was furthered during the year and at its close the entire health visitor establishment stood at:—1 superintendent, 1 assistant superintendent, 1 tutor, 12 carrying out school health service duties only, 3 tuberculosis duties only, 1 working on health education, 1 on accident investigation, 1 on venereal disease, and 80 doing all-purpose duties. There was thus a total establishment of 101 in the health visitor personnel.

A further development in the service was the appointment in August of two group advisers, one of the recommendations of the Working Party, while a welfare assistant was appointed in October. It was further decided that in so far as in-service training of health visitors was concerned, a sum of money should be allocated for fees and expenses for lecturers and speakers coming from outwith the city in particular.

Association with family doctors steadily extends, and two health visitors were allocated to the infant welfare clinics run by two groups of doctors in the city.

(*b*) Health Visitor Training Course

Twenty-one of the students who enrolled for training in September 1959 were successful in obtaining the Health Visitor's Certificate of the Royal Sanitary Association of Scotland in June 1960. Two of the students who were not successful at first attempt passed the examination in September. Five of the students were appointed to the Edinburgh health visiting staff.

This group of students was a particularly well-integrated one. The students possessed a fund of initiative and maintained a lively interest throughout training. The health of the students was good, with an average absence of less than three days per student throughout the course, compared with five days in the 1958-1959 course. The improved premises, which unfortunately have to be vacated at the end of the current course, have provided a quiet place for study and discussion, and have greatly contributed to the health and well-being of the students.

The standard of theory and practical work was high. Group projects ranged over a wide variety of topics, including hobbies, adolescence, family budgeting, crime and punishment, and care of the feet. The students found this method of study both absorbing and useful.

A health visitor tutor student from the Royal College of Nursing, London, spent some time in training with the health visitor tutor, and it is gratifying to and note that she was successful in her examinations. A Danish health visitor tutor from Aarhus University also spent a week of observation at the Training Centre.

Once again, we are indebted to the lecturers and to the staff of the voluntary and statutory social services who give much time and thought to the training of the students.

The structure of the new Central Training Council for Health Visitors is still under discussion and new developments are pending. The health visitor tutor attends meetings of the Standing Conference of representatives of health visitor training centres, which deals with many matters concerning training.

In September twenty-four students commenced training.

(VI) ASCERTAINMENT OF DEAFNESS IN INFANTS AND YOUNG CHILDREN.

Comment has been made for the past few years in this report on the testing of infants and young children at risk to deafness. This year, 864 children have been screened by the health visitors and 16 children either failed to pass the screening tests or the result was doubtful. Of these children re-tested, all failed to give a satisfactory result and in consequence were referred, with information regarding the failure to pass the screening tests, to their family doctors. Two children on further examination by an aural surgeon were found to have enlarged adenoids and/or tonsils and on these being removed, normal hearing returned rapidly after operation. Two were referred to the School for the Deaf, deafness having been confirmed by the aural surgeon, and one of these children is attending that school now, the other is wearing a hearing aid and making steady progress. Four children were found on detailed examination not to be deaf, while the remaining 8 children are still under observation.

An important conference, organised by the N.I.D. was held in London in October at which my colleague the chief executive school medical officer was present. The proceedings of this valuable meeting have subsequently been published.

(VII) TESTING FOR PHENYLKETONURIA

As mentioned in last year's report, preparations were made for the routine testing of all Edinburgh-born babies commencing with those born on and after 1st January. The health visitors undertook this testing, Phenistix reagent strips being used, and the test was carried out on each infant when he was six weeks old. It seemed that this was a fair compromise to make since it appears from the literature on phenylketonuria and its early diagnosis that if testing of urine on napkins is carried out too early in life cases may be missed and a second testing at 3 months of age was accordingly recommended. Since the demands on the health visitors' time were heavy the compromise time of 6 weeks was decided upon.

Each health visitor was equipped with a bottle of Phenistix strips together with full printed instructions as to the carrying out of the test. As was to be expected, until experience in the technique was obtained, repetition of tests was of frequent occurrence among the babies born in the earlier part of the year when the health visitors might be doubtful about their technique or the result was inconclusive.

In all, 8,239 infants were examined during the year, there being 7 instances in addition where the parents refused to permit the test being carried out. As might be anticipated, all the infants, save one, were found to give a negative reaction to the test-strip. The exception was an 8-months old infant, younger brother of a girl 2¾ years who, because of delayed walking and slowness in pot-training, was tested. She was found, on testing the napkins, to have a suspicious result, and on further testing both of urine and napkin, a strongly positive result was obtained. Naturally, this led to a re-examination of the younger brother who at 6 weeks old had given a negative reaction. A napkin from this baby again gave a negative result, but a specimen of urine was strongly positive to the reagent strips. A further case of phenylketonuria was diagnosed in an Edinburgh child aged 18 months at the Royal Hospital for Sick Children. All these three children are now under treatment and supervision.

The conclusion reached regarding napkin testing with Phenistix reagent strips is that the result may be misleading by itself and if any suspicious reaction occurs, the test should be carried out on a fresh specimen of urine. Investigations are at present proceeding as to how best the routine testing should be carried out, especially since there is some doubt as to the efficiency of a wet napkin test. Obviously collection of urine specimens from young infants is beset with considerable difficulties.

(VIII) STAPHYLOCOCCAL INFECTION IN FAMILIES

The pilot survey on staphylococcal infection launched in 1958 was further extended this year and 88 individuals were added to the survey, the health visitors, as before, continuing to undertake the necessary swabbing at fortnightly intervals.

(IX) MISCELLANEOUS.

As in former years, the medical supervision of the children attending the Health Committee's day and residential nurseries, and the Voluntary Health Workers Association's toddlers playgrounds is undertaken by the assistant medical officers in the child welfare service, and they also, on behalf of the principal medical officer, give a general medical service to the children living in the Children Committee's four residential homes. Advisory medical duties are undertaken by the principal medical officer to the Scottish Association for the Adoption of Children, a close relationship which has existed between the Corporation's child welfare service and the Association since the latter came into being as a pioneer organisation in 1923.

ACKNOWLEDGMENTS.

Even the most cursory and superficial perusal of the work of the maternal and child welfare service shows that much good work is being done and that some attempt is being made to preserve a progressive attitude towards improving its efficiency and scope. Such an effort cannot be achieved without the warm support of all members of the service, and I am deeply grateful to each and every member of the staff, from the youngest to the most senior, for their wholehearted loyalty and endeavours. To our many friends in the field of voluntary service our thanks are accorded for the selfless and inspiring example they show.

TABLE 1.—MIDWIFERY SERVICE.

I. Total number of births notified—			
(i) Live: Institutional	9,249		
Domiciliary	1,467	10,716	
(ii) Still: Institutional	237		
Domiciliary	11	248	10,964
II. Total number of births in (I.) occurring in institutions—			
Simpson Memorial Maternity Pavilion	3,925		
Elsie Inglis Maternity Hospital	1,856		
Eastern General Hospital	1,672		
Western General Hospital	1,505		
Nursing Homes	527		
Others	1	9,486	
III. Total number of domiciliary births in (I.) classified to show nature of attendance at birth—			
(*a*) Doctor engaged and present at confinement	1,209		
(*b*) Doctor engaged but not present at confinement	259		
(*c*) Midwife alone (no doctor engaged)	3		
(*d*) Doctor alone (no midwife engaged)	4		
(*c*) Without doctor or midwife	3	1,478	
		10,964	10,964

TABLE 2.—ANTE-NATAL AND POST-NATAL SUPERVISION.

	Ante-natal	Post-natal
Number of clinics at end of year provided by local authority	1	—
Number of clinics at end of year provided by voluntary bodies	—	—
Number of new cases	145	42
Total number of women who attended at the clinics during the year	190	45

TABLE 3.—PUERPERAL FEVER AND PUERPERAL PYREXIA.

Number of cases of puerperal pyrexia notified	5		
Number of cases of puerperal pyrexia confirmed		2	
Number subsequently developing into puerperal fever			3
Number of cases of puerperal fever notified	4		
Number of cases diagnosed as puerperal pyrexia		1	
Number of cases of puerperal fever confirmed			3
Total number of cases of confirmed puerperal pyrexia		3	
Total number of cases of confirmed puerperal fever			6

TABLE 4.—DEATHS and AGE at DEATH of CONFIRMED CASES of PUERPERAL FEVER. NIL

TABLE 5.—AGES of PATIENTS suffering from PUERPERAL FEVER.

15 years and under 20 years	1
20 years and under 25 years	1
25 years and under 30 years	1
30 years and under 35 years	2
35 years and under 40 years	1
40 years and over	—
TOTAL	6

TABLE 6.—MATERNAL DEATHS.

CAUSES OF DEATH	Age at Death							
	15–20	20–25	25–30	30–35	35–40	40–45	45+	Total
Puerperal sepsis	—	—	—	—	—	—	—	—
Toxæmia	—	—	—	—	—	—	—	—
Hæmorrhage	—	—	—	—	—	—	—	—
Embolism	—	—	—	—	—	—	—	—
Other Conditions ...	—	—	—	—	1	—	—	1
	—	—	—	—	1	—	—	1

TABLE 7.—MATERNAL DEATHS, 1957–1960.

NUMBERS AND RATES PER 1000 TOTAL BIRTHS (LIVE AND STILL).

	1957		1958		1959		1960	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicæmia	—	—	—	—	—	—	—	—
Toxæmia	1	0·1	—	—	—	—	—	—
Hæmorrhage	1	0·1	—	—	—	—	—	—
Embolism	—	—	2	0·2	1	0·1	—	—
Other Conditions ...	—	—	2	0·2	—	—	1	0·1
	2	0·2	4	0·5	1	0·1	1	0·1

TABLE 8.—MATERNAL MORTALITY.

RATE PER 1000 TOTAL BIRTHS (LIVE AND STILL).

Year	Total Births (Live and Still)	Registrar General's Classification						After Clinical Investigation					
		Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births	Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births
1951	7,557	3	0·4	4	0·5	7	0·9	2	0·3	6	0·8	8	1·1
1952	7,324	1	0·1	—	—	1	0·1	—	—	1	0·1	1	0·1
1953	7,404	2	0·3	3	0·4	5	0·7	—	—	5	0·7	5	0·7
1954	7,414	—	—	1	0·1	1	0·1	—	—	1	0·1	1	0·1
1955	7,305	—	—	—	—	—	—	—	—	2	0·3	2	0·2
1956	7,643	—	—	2	0·3	2	0·3	—	—	4	0·5	4	0·5
1957	8,007	—	—	2	0·2	2	0·2	—	—	2	0·2	2	0·2
1958	8,019	2	0·2	2	0·2	4	0·5	2	0·2	2	0·2	4	0·5
1959	8,311	1	0·1	—	—	1	0·1	—	—	1	0·1	1	0·1
1960	8,609	—	—	1	0·1	1	0·1	—	—	1	0·1	1	0·1

TABLE 9.—Particulars regarding BIRTHS after necessary corrections have been made for transfers.

	Total Live Births	Legitimate	Illegitimate	Illegitimate Births per cent. of Live Births
1st Quarter 1956	1,953	1,869	84	4·3
2nd ,, ...	1,898	1,800	98	5·2
3rd ,, ...	1,853	1,758	95	5·1
4th ,, ...	1,763	1,680	83	4·7
Year 1956	7,467	7,107	360	4·8
1st Quarter 1957	1,922	1,841	81	4·2
2nd ,, ...	2,049	1,938	111	5·4
3rd ,, ...	1,989	1,871	118	5·9
4th ,, ...	1,894	1,805	89	4·7
Year 1957	7,854	7,455	399	5·1
1st Quarter 1958	1,888	1,802	86	4·6
2nd ,, ...	2,042	1,948	94	4·6
3rd ,, ...	1,927	1,844	83	4·3
4th ,, ...	2,007	1,901	106	5·3
Year 1958	7,864	7,495	369	4·7
1st Quarter 1959	2,232	2,134	98	4·4
2nd ,, ...	2,053	1,959	94	4·6
3rd ,, ...	1,999	1,905	94	4·7
4th ,, ...	1,866	1,767	99	5·6
Year 1959	8,150	7,765	385	4·7
1st Quarter 1960	2,053	1,943	110	5·4
2nd ,, ...	2,227	2,109	118	5·3
3rd ,, ...	2,124	2,009	115	5·4
4th ,, ...	2,039	1,941	98	4·8
Year 1960	8.443	8.002	441	5·2

TABLE 10.—BIRTH RATES for eight large towns in Scotland and for the whole of Scotland.

Year	Scotland	Glasgow	**Edinburgh**	Dundee	Aberdeen	Paisley	Greenock	Motherwell and Wishaw	Clydebank
1951	17·7	18·4	**15·7**	17·6	16·5	17·1	20·4	17·3	22·7
1952	17·7	18·7	**15·0**	17·7	16·5	17·0	18·6	18·6	22·5
1953	17·8	18·7	**15·4**	17·9	16·6	17·5	20·0	19·4	21·6
1954	18·0	19·4	**15·5**	18·1	17·4	17·7	20·6	18·8	21·9
1955	18·0	19·4	**15·2**	17·5	17·2	18·7	20·5	19·6	21·5
1956	18·5	20·2	**16·0**	19·2	17·5	19·5	20·9	20·4	21·4
1957	19·0	20·8	**16·9**	19·3	18·1	19·7	21·3	20·9	23·0
1958	19·2	21·1	**16·8**	19·8	17·4	21·1	20·5	21·2	22·7
1959	19·1	21·0	**17·4**	19·8	17·9	20·0	20·9	20·4	22·1
1960	19·4	21·6	**17·9**	20·5	17·5	21·7	21·2	20·7	21·0

TABLE 11.—EDINBURGH AND SCOTLAND—STILL-BIRTH RATES (per 1000 Total Births Live and Still), 1951–1960.

Year	Edinburgh		Scotland	
	No.	Rate	No.	Rate
1951	**204**	**27**	2.470	27
1952	**195**	**27**	2.430	26
1953	**163**	**22**	2 307	25
1954	**158**	**21**	2.399	25
1955	**177**	**24**	2.331	25
1956	**176**	**23**	2,329	24
1957	**153**	**19**	2,381	24
1958	**155**	**19**	2.324	23
1959	**161**	**19**	2.252	22
1960	**166**	**19**	2,252	22

TABLE 12.—STILL-BIRTHS, 1960.

Causes	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	Rate per 1.000 Total Births
Acute and Chronic Disease in mother	—	2	2	2	6	0·7
Toxæmias	2	3	2	2	9	1·0
Ante-partum Hæmorrhage	6	4	6	4	20	2·3
Other Placental and Cord Conditions	8	8	6	3	25	2·9
Fœtal Defects	15	8	12	14	49	5·7
Difficult Labour	—	—	1	2	3	0·3
Ill-defined and other causes	17	14	13	10	54	6·3
All Causes	48	39	42	37	166	19·2

TABLE 13.—EDINBURGH—NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

Year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	Total under 1 year
1931–35	23·6	3·4	2·7	2·3	32	68
1936–40	23·9	5·0	3·6	2·5	35	65
1941–45	21·5	3·3	1·4	1·8	28	55
1946	19·1	3·8	1·4	1·7	26	52
1947	16·9	2·1	2·4	1·3	23	49
1948	15·3	2·1	1·2	0·6	19	34
1949	15·7	1·2	1·0	1·0	19	32
1950	14·9	1·4	1·2	0·7	18	29
1946–50	16·4	2·1	1·4	1·1	21	39
1951	13·7	1·9	1·0	0·1	17	27
1952	14·9	2·5	0 4	1·0	19	29
1953	12·8	1·1	1·1	0·6	16	24
1954	16·7	1·1	0·7	0·1	19	25
1955	15·0	1·8	0·4	0·4	18	25
1951–55	14·6	1·7	0·7	0·4	18	26
1956	14·7	1·9	0·5	0·4	18	24
1957	14·3	1·7	1·0	0·5	17	24
1958	14·4	1·0	0·6	0·6	17	25
1959	16·3	0·6	0·4	0·2	18	24
1960	13·8	1·2	0·8	0·6	16	21
1956–60	14·7	1·3	0·7	0·5	17	24

TABLE 14.—NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

Year	Premature Birth	Injury at Birth	Congenital Malformation
1931–35	14·3	3·7	1·9
1936–40	13.1	5·1	2·9
1941–45	11·6	2·8	3·7
1946	10·7	1·6	3·2
1917	9·1	2·4	3·5
1948	4·8	3·0	3·0
1949	5·4	3·3	3·0
1950	4·7	3·5	2·7
1946–50	7·3	2·8	3·1
1951	2·9	3·9	2·4
1952	4·6	1·1	3·5
1953	3·7	2·5	2·9
1954	5·1	3·3	3·3
1955	5·8	2·2	3·9
1951–55	4·4	2·6	3·2
1956	5·1	2·7	3·1
1957	5·1	1·5	3·2
1958	3·3	1·1	4·1
1959	5·1	1·7	3·8
1960	3·8	1·5	3·8
1956–60	4·5	1·7	3·6

TABLE 15.—EDINBURGH—INFANT MORTALITY RATES (deaths under ONE YEAR per 1000 Live Births).

Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality
1881	128	1901	143	1921	P96	1941	66
1882	121	1902	119	1922	91	1942	56
1883	128	1903	117	1923	82	1943	54
1884	135	1904	125	1924	89	1944	51
1885	120	1905	124	1925	96	1945	50
1886	136	1906	112	1926	80	1946	52
1887	137	1907	121	1927	80	1947	49
1888	128	1908	R114	1928	75	1948	34
1889	133	1909	113	1929	80	1949	32
1890	144	1910	103	1930	82	1950	29
1891	138	1911	115	1931	69	1951	27
1892	135	1912	110	1932	73	1952	29
1893	148	1913	101	1933	66	1953	24
1894	125	1914	110	1934	62	1954	25
1895	152	1915	132	1935	70	1955	25
1896	122	1916	100	1936	68	1956	24
1897	164	1917	T123	1937	70	1957	24
1898	*141	1918	94	1938	61	1958	25
1899	147	1919	Y117	1939	59	1959	24
1900	132	1920	89	1940	68	1960	21

* Sanitary Department formed 1898. P City Boundaries extended. R Voluntary Visiting in Homes.
T Child Welfare Department formed May, 1917. Y Reflection world influenza epidemic, 1918-1919.

TABLE 16.—INFANT AND NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

(QUINQUENNIAL AVERAGES.)

Year	Births		Neo-natal Deaths		Deaths 1-12 months		Deaths Under 1 year	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1931-35	7,037	15·6	224	32	254	36	478	65
1936-40	7,309	16·0	253	35	224	31	477	65
1941-45	7,439	15·8	209	28	201	27	410	55
1946-50	8,693	17·9	185	21	164	19	349	40
1951-55	7,221	15·4	126	17	62	9	189	26
1956	7,467	16·0	131	18	48	6	179	24
1957	7,854	16·9	137	17	54	7	191	24
1958	7,864	16·8	131	17	62	8	193	25
1959	8,150	17·4	143	18	56	7	199	24
1960	8,443	17·9	138	16	40	5	178	21
1956-60	7,956	17·1	136	17	52	7	188	24

TABLE 17.—INFANT AND NEO-NATAL MORTALITY RATES.

	INFANT MORTALITY RATES					NEO-NATAL MORTALITY RATES				
Year	Scotland	Glasgow	**Edinburgh**	Dundee	Aberdeen	Scotland	Glasgow	**Edinburgh**	Dundee	Aberdeen
1950	39	44	**29**	50	29	23	25	**18**	29	17
1951	37	46	**27**	41	27	22	25	**17**	25	18
1952	35	41	**29**	31	30	19	28	**19**	20	18
1953	31	36	**24**	32	27	19	22	**16**	20	19
1954	31	35	**25**	33	22	21	21	**19**	23	15
1955	30	36	**25**	36	21	20	23	**18**	21	11
1956	29	33	**24**	31	22	19	21	**18**	20	14
1957	29	34	**24**	24	24	26	21	**17**	18	17
1958	28	35	**25**	20	18	19	26	**17**	15	14
1959	28	35	**24**	23	23	19	24	**18**	16	14
1960	26	32	**21**	22	19	18	22	**16**	16	14

TABLE 18.—CAUSES of DEATH among CHILDREN under FIVE YEARS during 1960.

Cause of Death	Under 1 day	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 12 months	12 months and under 2 years	2 years and under 3 years	3 and under 4 years	4 and under 5 years	Total 1-5 years	Total under 5 years
uberculosis, Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
uberculosis, Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
carlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
iphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
hooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
eningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ther Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
oliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
easles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ther Infectious and Parasitic Diseases ...	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	1
alignant Disease ...	—	—	—	1	—	1	—	—	—	—	1	2	—	—	1	3	4
eningitis (other forms)	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	1	2
fluenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
neumonia	1	—	1	—	—	2	5	6	1	1	15	2	1	—	—	3	18
onchitis	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
ther Respiratory Diseases	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	1	2
testinal Obstruction and Hernia	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	1
astro-Enteritis ...	—	—	1	—	1	2	2	1	2	—	7	1	—	—	—	1	8
her Digestive Diseases	1	2	—	—	—	3	—	1	—	—	4	—	—	—	—	—	4
ydrocephalus ...	2	—	—	1	2	5	—	1	—	—	6	—	1	—	—	1	7
ngenital Heart ...	1	6	—	1	—	8	3	2	—	—	13	2	—	—	—	2	15
her Congenital Malformations	5	5	4	—	1	15	2	1	1	—	19	—	—	—	—	—	19
jury at Birth ...	6	6	—	—	1	13	—	—	—	—	13	—	—	—	—	—	13
st-natal Asphyxia and Atelectasis	19	5	1	—	—	25	—	—	—	—	25	—	—	—	—	—	25
her Infections of New-born	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
her Diseases of Early Infancy	16	6	1	1	—	24	1	1	—	—	26	—	—	—	—	—	26
maturity	26	6	—	—	—	32	—	—	—	—	32	—	—	—	—	—	32
cidents— Suffocation	—	—	—	—	—	—	1	1	2	—	4	—	—	—	—	—	4
Overlaying	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	1
Out-of-Doors ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	3	3
Other	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	3	3
her Violence ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
l Other Causes ...	1	2	1	1	—	5	—	1	1	—	7	3	3	2	—	8	15
Totals ...	78	38	10	7	5	138	15	16	7	2	178	15	6	2	3	26	204

TABLE 19.—EDINBURGH—INFANT MORTALITY RATES in Wards.

Ward	Infant Mortality Rates (per 1000 Live Births)				
	1956	1957	1958	1959	1960
1. St Giles	30	18	25	33	14
2. Holyrood	30	27	38	30	48
3. George Square	31	24	18	33	12
4. Newington	20	31	25	13	6
5. Liberton	29	20	14	29	22
6. Morningside	6	6	12	20	11
7. Merchiston	5	35	33	21	14
8. Colinton	19	12	29	12	14
9. Sighthill	13	24	37	29	31
10. Gorgie-Dalry	28	25	8	21	22
11. Corstorphine	24	25	14	12	11
12. Murrayfield and Cramond	20	47	16	13	6
13. Pilton	33	22	29	24	30
14. St Bernard's	16	26	20	35	26
15. St Andrew's	18	19	25	25	12
16. Broughton	26	20	21	21	17
17. Calton	31	36	19	19	23
18. West Leith	24	19	17	17	22
19. Central Leith	35	24	35	34	24
20. South Leith	30	24	34	13	23
21. Craigentinny	36	14	11	20	26
22. Portobelln	7	26	22	21	19
23. Craigmillar	21	31	35	46	25
City Rate ...	**24**	**24**	**25**	**24**	**21**

TABLE 20.—OPHTHALMIA NEONATORUM.

The interval in days between the Birth of the Child and the onset of the disease.

Days	1	2	3	4	5	6	7	8	9	10	11-21 days	No particulars	Total
Cases	—	1	—	1	1	—	—	2	—	—	1	—	6

Treatment was given :—

	Cases
At home	1
In hospital	5
	6

Notified by :—

Institution	5
Domiciliary	1
	6

Gonoeoccal cases :—3.

TABLE 21.—CHILD WELFARE CLINICS.

(i) Number of clinics at end of year provided by local health authority ...	29
(ii) Number of clinics provided by voluntary bodies at end of year ...	—
(iii) Total number who attended at the clinics during the year—	
(*a*) under 1 year of age	7,279
(*b*) over 1 year of age	5,565
	12,844
(iv) New cases—	
(*a*) under 1 year of age	5,482
(*b*) over 1 year of age	1,462
	6,944
(v) Total number of attendances during the year—	
(*a*) under 1 year of age	53,781
(*b*) over 1 year of age	22,270
	76,051

TABLE 22.—ULTRA-VIOLET RAY CLINICS.

Number of sessions held—424.

Total number of attendances made by children under 5 years of age during the year—

	First Attendances	Subsequent Attendances	Total
(*a*) under 1 year of age	15	121	136
(*b*) over 1 year of age	151	2,220	2,371
	166	2,341	2,507

TABLE 23.—DAY NURSERIES.

	Approved Places	Average No. on Roll	Possible Attendances	Actual Attendances	Percentage of Attendances
Craigmillar	50	52	13.312	10,988	83
Dean	30	36	9,216	7.186	78
Dumbiedykes ...	30	36	9,216	7.043	76
Gilmore Place ...	40	40	10.240	8.142	80
Granton	60	60	15,360	12,208	79
Lochend	30	34	8,704	6.585	76
Niddrie	45	46	11,776	9.486	81
Pilrig	40	40	10.240	7,976	78
St Kentigern's ...	80	82	20.992	15.503	74
South Fort Street...	60	60	15.360	11.636	76
Stenhouse ...	50	53	13.568	10.498	77
Tollcross	30	34	8.704	6,564	75
Victoria Park ...	65	64	16,384	12,357	75
West Pilton ...	50	53	13,568	10.849	80
	660	690	176,640	137,021	78

TABLE 24.—RESIDENTIAL NURSERIES AND CHILDREN'S HOMES.

(*a*) MAINTAINED BY THE LOCAL AUTHORITY.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1960		
		Aged 0-2	Aged 2-5	Others
PUBLIC HEALTH DEPARTMENT				
Willowbrae House	Short-stay	—	—	15
MATERNITY AND CHILD WELFARE SERVICE ...				
St Helen's, 7 West Coates	,,	15	15	—
Viewforth Nursery, 22 Viewforth Terrace ...	,,	15		—
Henderson Row Nursery, 73 Henderson Row	,,	15		—
CHILDREN DEPARTMENT.				
St. Katharine's Children's Home, Howdenhall Road, Liberton	Either	40	—	—
Clerwood Children's Home, Clermiston Road, Corstorphine	,,	38	—	—
Canaan Lodge Children's Home, Canaan Lane	,,	—	26	54
Redhall Children's Home, Craiglockhart Drive South	,,	—	—	40

(*b*) MAINTAINED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1960		
		Aged 0-2	Aged 2-5	Others
Challenger Lodge (Edinburgh Cripple Aid Society), Boswall Road	Long-stay	—	—	16
Edinburgh Home for Babies, "Avenel," 30 Colinton Road	Either	21	3	—

TABLE 25.—NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

	No. of applications received	Number of Certificates				No. of children being cared for at end of year	No. of inspections made	No. of cases in which no inspection made
		Issued	Refused	Cancelled	In force at end of year			
1. Nursery premises ...	—	—	—	—	4	81	11	--
2. Child-minders ...	4	3	—	—	14	223	29	--

Table 26.—TODDLERS' PLAYGROUNDS.

Centre	Number on Roll	Daily Attend-ances	Centre	Number on Roll	Daily Attend-ances
Fountainbridge ...	32	22	Yardheads, Leith ...	40	29
Pleasance	40	31	Boswall Parkway ...	41	30
Stockbridge	30	25	Granton	43	29
Tron Square	20	17	Lochend	25	21
Abbeyhill	40	31	Marshall Street	23	16
Barony Place	37	30	Portobello	42	32
Carrick Knowe ...	24	19	Canongate	26	20
Elm Row	40	29	West Pilton	25	21
St Ninian's, Leith ...	32	25	Sighthill	21	16
Craigentinny	20	17	Clermiston	29	22
Jamaica Street	26	20	Colinton Mains ...	45	24
Oxgangs	26	17	St Martin's Magdalene Dr.	48	37

Table 27.—WELFARE FOODS DISTRIBUTION—UPTAKE.

	National Dried Milk	Cod Liver Oil	A and D Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
General	104,309	32,844	25,841	238,192
To day nurseries, hospitals, etc.	690	1,241	—	2,657
Total	104,999	34,085	25,841	240,849
Average Monthly Uptake ...	8,750	2,840	2,153	20,070

Table 28.—DENTAL CARE OF MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

	Expectant Mothers	Nursing Mothers	Pre-School Children
1. Number inspected by dental officers	70	124	787
2. Number found to require treatment	70	124	752
3. Number accepting treatment	70	123	750
4. Number actually treated by dental officers ...	66	115	672

TABLE 29.—MOTHER AND BABY HOMES.

PROVIDED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Home or Hostel	Number of Beds		
	Ante-natal	Post-natal	Cots
Edinburgh Home for Mothers and Infants, 17 Claremont Park, Leith	12		12
Haig-Ferguson Memorial Home, 4 Lauriston Park ...	4	5	5
Salvation Army Home for Mothers and Babies, " Tor," Corstorphine Road ...	7	17	24

Total number of women admitted during the year to these three homes (ignoring re-admissions after confinement) 126

TABLE 30.—HEALTH VISITING.

	Number Visited	First Visits	Subsequent Visits	Total
(*a*) Expectant mothers ...	3,120	3,120	1.674	4.794
(*b*) Infants (under 1 year)	12,708	8,312	52.061	60.373
(*c*) Children (1–5 years) ...	19,405	791	82,239	83,030
(*d*) Other cases	9,876	9,676	9.734	19,410
		21,899	145,708	167,607
(*e*) Waste Visits				26,554
Total ...				194,161

SCHOOL HEALTH SERVICE

JOINT COMMITTEE ON SCHOOL MEDICAL SERVICE.

From HEALTH COMMITTEE:

Councillor ALEXANDER BRYCE.
Councillor GEORGE GIBSON.
Councillor LADY MORTON.
Councillor J. G. MORE-NISBETT.
Councillor Mrs. MARGARET SMITH.

From EDUCATION COMMITTEE:

Councillor MURDO R. M. MACKENZIE.
Councillor Mrs. C. T. NEALON.
Councillor CRAIG H. RICHARDS.
Councillor JAMES SLACK.
Councillor JOHN F. STEWART.

REPORT BY THE CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER.

The following report for the year ended 31st July, 1960, is the fifty-third since the institution of school medical inspection in Edinburgh and the thirtieth since the transfer of the service to the municipality.

Throughout the year the health of the children was in general well maintained, although absences from school because of infectious disease were more numerous than in 1958-59. There has been concern over the persistent presence of dysentery and infective hepatitis, all the more because an increase of cases of the latter complaint was reported and one of them had a fatal outcome. The dissemination of these infections is by bowel-to-mouth transmission, which may take place in school, and the prevention of spread in the school community requires a high standard of hygiene and cleanliness in the toilets and the washrooms. Prevention equally depends on good health habits among the pupils and these can be inculcated only if facilities are available, for in health education precept without practice is worse than useless. Reference is made later in the report, as it has been in previous reports, to the profoundly unsatisfactory toilet accommodation in many schools, to the delay in remedying defects to which attention has again and again been drawn, and to the slow progress made in replacing the use of common roller towels by more hygienic methods of hand-drying.

In contrast, the zeal and efficiency with which school janitors and their staff of cleaners carry out their duties, often in the face of great difficulty, deserve commendation.

Immunisation against infectious disease was continued throughout the year, the infections concerned being diphtheria, poliomyelitis, tuberculosis and, for the first time, tetanus. As explained later, in order that a reinforcing injection of tetanus vaccine might be given to 1,300 entrants originally immunised five years previously, parents were asked to produce the cards for recording immunisations which had been given to them at that time. Only 20% did so, the other 80% of cards having been destroyed or mislaid. As more and more infections become amenable to prevention through repeated vaccination in childhood, so the need grows for some permanent kind of immunisation record for each child. This year's experience, though on a small scale, shows how useless it would be to rely on the parents for the preservation of any such record.

As requested by the Department of Health for Scotland, the early ascertainment of defects of vision and of hearing is discussed later in the report. The testing of the vision of all entrants ensures the detection and correction in the first year of school life of uncomplicated errors of refraction which would otherwise remain unrecognised until the school nurse's inspection at the age of seven years, by which time education might have been hampered by the defect. It can, therefore, be claimed that uncomplicated errors of refraction are ascertained in good time. The same cannot be said of squint, the most serious of the common visual defects because of the danger of blindness in the squinting eye. Squint, as a rule, manifests itself well before entrance to school and it should therefore, be ascertained and treatment should be started before the age when children for the first time come under the care of the school health service. The persistence of a large number of squints throughout school life, recorded in the statistical tables, shows how often ascertainment and treatment have come too late.

The description given later of the procedure for investigation of hearing in the pre-school child shows the importance of the diagnostic and advisory unit at Donaldson's School for the Deaf and also the value of the work done by child welfare health visitors trained in the administration of screening tests of hearing. Indeed, the great improvement in recent years in ascertainment before a child reaches school age has resulted from these two activities. The work of ascertainment during school life has also been developed to a high standard by the audiometric service. Such delays as do occur result most frequently from failure by ear, nose and throat surgeons working in hospitals to furnish the school health service with information, a criticism which does not apply to the ear, nose and throat surgeons working in school clinics, with whom there is full and cordial co-operation.

The School Health and the Child Welfare Services have been further re-organised and 4 assistant medical officers and 44 health visitors now undertake combined duties. Some senior health visitors whose interest for a number of years has been focussed only on the pre-school or only on the school child have had difficulty in the process of re-orientation and the refurbishing of rusty knowledge, but on the whole re-organisation progresses more smoothly than at one time was thought possible, and it is expected that before many months have passed all primary schools will be served by health visitors engaged in both school and child welfare duties.

The year has been a full one and the many tasks undertaken have been brought to completion only through the labours of many hands. It is both a duty and a pleasure to express sincere thanks to the medical, nursing, clerical and clinic staffs of the school health service for their hard work throughout the year; to head teachers and their staffs and to all colleagues in the Public Health and the Education Departments for their willing co-operation; to officials in other departments of the Local Authority for their help; and to the hospital consultants for their services so readily given in the school clinics.

GENERAL STATISTICS.

Population of the area	471,600
Number of schools (under the Education Committee) :—	
(*a*) Nursery	14
Nursery classes	10
(*b*) Primary	85
(*c*) Secondary	24
*(*d*) (i) Special schools	17
† (ii) Special classes in ordinary schools	1
(*e*) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School)	1
Total	152

* Includes the following not medically inspected by the Authority : Astley Ainslie Hospital, Challenger Lodge, Princess Margaret Rose Hospital, Royal Hospital for Sick Children, Gogarburn Institution for Mental Defectives.

† 1 Class for mentally handicapped pupils attached to St Ninian's R.C. School.

Number of children on the registers :—

Nursery schools	812
Nursery classes	409
Primary	41,191
Secondary	21,621
Special	846
Total	64,879
Average number of children in attendance	60,031
Average number of children in hospital classes	260
Average number of children taught at home by visiting teachers	41

TOILET ACCOMMODATION IN SCHOOLS.

The inadequate, inconvenient and unsatisfactory state of the toilets in many schools has from year to year been the subject of adverse comment of medical officers and, where possible, the Authority has corrected defects and repaired breakages. In a number of schools, however, very considerable reconstruction is needed and in some older schools nothing less than demolition and re-building can remedy the faults.

Two years ago a list of the fifteen schools in which sanitary improvements were most urgently needed was provided for the Director of Education by the School Health Service, but in only one of those buildings have the lavatories been replaced with new sanitary accommodation, structural work in the others having been held up by administrative difficulties in which both the Central and the Local Authority are involved. This delay, which may greatly affect the well-being of the children, is a matter of grave concern to the School Health Service.

HAND-DRYING FACILITIES IN SCHOOLS.

As a result of the investigation into methods of hand-drying in schools which has been discussed in each Annual Report of the last three years, the Authority in 1959 decided that the use of the communal roller towel should, according to the circumstances in each school, be replaced by another more hygienic procedure and replacements have now been made in twenty-seven schools as follows :—

Provision	*Primary Schools*	*Provision*	*School*
Individual Hand Towels	Cramond	Controlled Roller Towels	Boroughmuir Secondary
	Davidson's Mains		Darroch Secondary
	Groathill		Gracemount Secondary
	Leith Academy		Firrhill Secondary
	Longstone		Forrester Secondary
Paper Towels	Abbeyhill		James Gillespie's High School
	Burdiehouse		Liberton Secondary
	Clermiston		Trinity Academy
	Craiglockhart		Castlehill School of Catering (Further Education)
	Fernieside		Gracemount Primary
	Granton		
	Hyvots Bank		
	Inch		
	Pennywell		
	St. Mary's (Edinburgh)		
	Sciennes		

SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

Medical Staff :

It is now the policy of the Health Department to employ its medical officers on combined duties as far as possible and recent changes in staff have been made with this end in view. Of the fourteen assistant medical officers engaged in the School Health Service three undertake child welfare duties as well, and one, based on the Health Centre, Sighthill, is responsible not only for school health and child welfare but also for environmental health duties in that district.

Inspection :

Inspections have been carried out in accordance with the scheme formulated by the Department of Health for Scotland.

(1) Systematic (Routine) Inspection of the specified age groups.
(2) Non-routine (Special) Inspection of pupils referred by teacher, parent or school health visitor.
(3) Supervision of pupils found at previous inspection to be suffering from disease or defect.
(4) Routine Medical Inspection of pupils in schools for the physically and mentally handicapped.
(5) Class-room Inspection.

There was also periodic inspection of children receiving home tuition. Examination was provided of children over 13 for part-time employment ; of classes going to camp schools ; of applicants for training colleges ; of persistent truants appearing before the School Management Committee ; of children admitted to the Remand Home ; and of those for whom Approved School reports were required by the Juvenile Courts.

Arrangements were also made throughout the session for cleanliness inspections and examinations for vocational guidance.

Treatment :

Clinics and medical services administered during 1959-60 by the school health service are shown in the following table :

Clinic	Doctor's Clinic	Minor Ailments Treatment	Aurist	Ophthalmologist	Physiotherapist	Ultra-Violet Light	Chiropodist	Scabies
Main Treatment Centres								
45 Lauriston Place ...			x	x				
5 Links Place ...	x	x	x	x		x	x	x
High School Yards ...	x	x						x
Sighthill Health Centre		x		x	x	x	x	
Sub-Clinics								
Craigmuir School ...		x						
Glenvarloch School		x						
Pennywell School ...		x						
St. John's School ...		x						

Treatment for minor ailments was also given by inspection nurses in schools for handicapped children.

Examination and minor treatment in the school clinics were provided by aurists and ophthalmologists who referred children for major treatment to the appropriate hospitals in the city.

SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

Report by the Senior Dental Officer.

Staff :

Five dental officers resigned during the year, the Chief Dental Officer was absent, ill, for four months, and three new appointments were made during the final quarter, the effective staff over the whole session being fourteen and a half dental officers.

Advertisements for further recruits failed to produce any applicants.

Clinics :

A new dental surgery with a modern high speed air turbine machine was installed in Gracemount Secondary School, and is in use three days per week.

A dental suite is also to be erected as part of the Maternity and Child Welfare Centre at Corstorphine, and will open in the new session.

This surgery will replace the temporary room used at Stenhouse Nursery, Fords Road. Features of the new surgeries include new heating systems, large windows without glazing bars, giving maximum working light at the dental chair, and more compact layout of store cupboards and equipment.

Treatment :

Inspection figures of 21,000 children showed that over 85% required treatment in spite of the efforts of the local authority service, and many private practitioners.

It will be seen by the dental returns given in Table V that fillings or conservations of both deciduous and permanent teeth totalled more than 26,000, while teeth extracted numbered 10,295 deciduous and 4,721 permanent teeth.

Accidents and decay of children's teeth resulted in the making and fitting of 23 crowns, 8 inlays and 189 partial dentures.

These figures are included with such items as 3,657 dressings or temporary fillings in " Other operations ".

Consultant Services :

The orthodontic consultant advised on 174 new cases, and 210 cases were completed by the dental officers.

Minor surgery was conducted at Sighthill Health Centre where the consultant oral surgeon diagnosed 37 cases and treated 31 patients.

Propaganda and Dental Health :

During the year under review 33⅓% of the Edinburgh Corporation Schools' population were offered treatment as against a demand rate for treatment of 63%.

In a recent memorandum the British Dental Association stated that dental decay had become established on an overwhelming scale, that there is a tendency to accept

Dental
Propaganda
Display

*Photographed by
Courtesy of
the "Edinburgh
Evening News".*

tooth decay as inevitable and almost natural, and there existed a careless attitude towards frequent extractions of both deciduous and permanent teeth of school children. One cannot help but agree, and reflect rather sadly as more of our schoolboy athletes remove their false teeth before swimming, rugger, or boxing.

Treatment figures of all Scottish authorities show that the amount of dental decay per child is increasing and attacking the teeth of progressively lower age groups. The disease continues to develop into adult life with resultant loss of working hours, reduced efficiency, and increased cost of dental treatment.

Evidence of its concern is shown by the Government in the setting-up of a Dental Health Education Committee to devise methods of focussing public attention on the value of oral hygiene, and the dangers of excessive sweet eating.

The losing battle for dental health is not helped by a general shortage of school dentists. In Edinburgh the position is not quite so acute, but even so, children may only be inspected and offered treatment at intervals of two to two and a half years, instead of the ideal six monthly visit.

" The present position " states the Dental Association " is not only useless but a waste of money," and describes steps taken many years ago by local authorities to stamp out dirt and deficiency disease by treatment and follow-up inspections by teams of medical officers, health visitors, and education officers, with excellent results and a pattern which could be followed in order to minimise dental disease.

The Medical Officer for Research and Education of the Edinburgh Health Department has organised what could be the starting point of a propaganda campaign, in the use by dental officers, health visitors, and teachers, of models, posters, and flannelgraphs to give instruction in dental hygiene in schools, and the results seem to warrant their use on a larger scale.

Such dental talks could be increased with advantage, and emphasis laid upon the dangers of many foods sold in school tuckshops and eaten indiscriminately.

There is also a good case for the inclusion of more raw fruits and vegetables in school meals. Few children refuse fruit, and there are many ways of preparing attractive vegetable dishes and salads. The benefit to children's teeth would largely offset the extra expense incurred.

Finally, thanks are tendered to the dental officers, assistants, and officials of other departments who were so helpful during the enforced absence of the chief dental officer in the latter part of the year.

SCHOOL NURSING.

Further re-organisation of the nursing staff has been effected in accordance with the Health Department's policy of employing its health visitors on all health visiting duties and by the end of the session forty-four were employed on combined duties including those of school nurse, twenty on school health work only and two nurses having the qualification of R.G.N. but not holding the health visitor's certificate, were engaged on cleanliness inspections and minor treatment.

DEFECTS OF VISION AND OF HEARING.

The Department of Health has asked that in this year's report information be given about the early ascertainment of defects of vision. Until the year 1957 the first routine testing to which a child was submitted was that administered at the age of seven by the school nurse, but in that year vision testing at the age of five was introduced as an experiment, some 2,000 children being concerned, and, its feasibility and value having been established, it is now applied by school nurses to all entrants. Test cards of various kinds have been tried and none has proved so satisfactory as the Chevasse 'E' card. In 1959-60, of 5,643 entrants examined 93·2% had good, 6·3% had fair and 0·5% had bad vision. All pupils are also examined for squint on entrance to school according to the near cover and distant cover method described in the Department of Health's circular 6/1957. Unfortunately ascertainment at that age is often too late to allow treatment to be fully effective and this is shown by the number of children found still to have squint at the age of nine (2%) and thirteen (1%) years.

The Department has also asked that information be given in this year's report on the early ascertainment and management of defects of hearing. As proper management of the very deaf depends essentially on ascertainment in the very early years of life, much of the information given below relates to the pre-school child and is provided through the kindness of the Principal Medical Officer responsible for the Child Welfare Service. The Report on the School Health Service for 1954 gave the result of a survey of the 36 children suffering from congenital deafness who were maintained by Edinburgh Education Authority in Donaldson's and Saint Vincent's schools for the deaf and this showed that the average age of admission had been five years and one month. In that year a diagnostic and advisory unit for very young children was established by the Donaldson Trust under the Principal of Donaldson's School. In 1956 arrangements were made by the Health Authority for instruction to be given to twenty health visitors, five of whom were employed in school health and fifteen in child welfare duties. It was intended that school health visitors should test nursery school pupils but this was found to be impracticable for the reason that no nursery school has in it a room sufficiently free of noise for tests to be used. The child welfare health visitors, after training, in their turn instructed their colleagues, but it was found impossible to employ them, as had been hoped, to put every infant through a screening test in its first year of life. Instead, health visitors have concentrated their attention on those children in the general population known to be at risk, and for this purpose use is made of the list of vulnerable groups drawn up by Dr. Irene Howarth (Medical Officer, 1958, Vol. c 307). These groups are :—

Children with cerebral palsy.
Children with a family history of deafness.
Children who were premature.
Children with a history of abnormality in the ante natal period *e.g.* virus infection during mother's pregnancy.
Children with a history of perinatal abnormality *e.g.* asphyxia.
Children who have had a severe illness, *e.g.* meningitis, or who have at any time been treated with streptomycin.
Children who are not speaking well by the age of two years and those aged two to five years with speech defects.
Children with a history of otitis media or chronic infection of the upper respiratory tract.
Children with congenital abnormalities other than those mentioned above.

Those whose hearing appears to be defective are reported to the School Health

Service and are referred to the Diagnostic Unit at Donaldson's School, to which children are also referred by ear, nose and throat surgeons of the hospital service and which is in close touch with the Hearing Aid Centre. The results of assessment at the Unit are communicated to the School Health Service so that special educational treatment may be provided as soon as possible, and guidance for the parents and training for the child are given at the Unit and in the home by members of the Unit's staff.

A study of the records of the fifteen children admitted since 1954 to the schools for the deaf by the Education Authority shows the advance in early ascertainment which has taken place, the average age of entry being three years and eight months. Of these fifteen children five were initially picked out through testing by health visitors.

At systematic inspection of school entrants and at the nurses' inspection of seven year old pupils, defects of hearing may be for the first time detected by the usual clinical methods employed, but early ascertainment in school life depends in the main on audiometric testing. The audiometric service of the Education Authority is administered by the headmaster of St. Giles School for the hard-of-hearing. The audiometricians are teachers on the staff of that school seconded for a time for testing and the instruments employed number seven, of which six are portable and one is a clinical audiometer used for detailed investigation. Testing is done by the individual sweep method, which is applied to all pupils in their first year of school life, at the age of eight and at the age of twelve years. Every child giving an abnormal result to testing is reported to the school medical officer and, according to the degree of hearing loss found, is either kept under supervision or is at once referred with the approval of the family doctor to the school aurist.

Through arrangements made by the local authorities concerned the audiometric service of Edinburgh Education Authority is shared by the counties of Berwick, East Lothian, Midlothian, Peebles, Roxburgh, Selkirk and West Lothian. The results of the testing in Edinburgh schools are shown in Appendix III, Table A, which have kindly been provided by Mr. Leslie Heath, the Headmaster of St. Giles School.

INFECTIOUS DISEASES.

The number of children absent from school because of infectious fevers was substantially higher than that recorded in the previous year by reason of an epidemic of chicken-pox.

Diseases	Cases	Diseases	Cases
Chickenpox	3,900	Measles	386
Cerebro-spinal Meningitis ...	12	Mumps	221
Diphtheria	—	Poliomyelitis ...	—
Dysentery	175	Scarlet Fever ...	171
German Measles (Rubella) ...	87	Skin Infections ...	206
Glandular Fever	4	Whooping Cough ...	692
Hepatitis	78		
		Total	5,932

Diphtheria :

The procedure for immunisation against this disease was maintained and no case occurred.

5,915 children received injections of F.T.
(of these 4,825 were reinforcing doses).
5,027 children received injections of T.A.F.
(of these 4,668 were reinforcing doses).

Poliomyelitis :

Vaccination against this disease continued in schools throughout the year and a total of 6,460 injections was given, of which 622 were first, 676 were second and 5,162 were third doses. In addition the school medical officers took their part in visiting dance halls during the winter to carry out vaccination in those places of recreation and helped to staff the peripheral clinics organised by the Public Health Department during the summer months. The school health visitors took part in the vaccination work in dance halls and throughout the year helped to staff the central clinic of the Public Health Department.

Hepatitis :

In the city's school population this infection continued to show itself sporadically and in two primary schools special measures had to be taken to prevent its dissemination. In one of those schools, although the number of cases was only two, this action was considered necessary because of a localised spread in the district affecting adults some of whom were parents of pupils in the school. In the second episode the outbreak, which involved eleven pupils, lasted three months. In both schools the " hand-rinsing " routine with the use of Roccal described in the annual report of 1957 was introduced and in the school more severely affected an extra woman cleaner was appointed to undertake throughout the school-day the frequent cleansing with dilute disinfectant of lavatory seats, flush handles, door handles, etc.

Tetanus :

It was estimated that of the five year old school entrants admitted in August, 1959, some 1,300 had been concerned five years previously in the investigation into the use of a triple antigen carried out by the Health Department in the city. These children had therefore been vaccinated in infancy against tetanus and it was decided to offer a reinforcing dose at the time of routine medical inspection. When vaccination had been given in infancy a personal card for the recording of inoculations was in every case issued to the parent, and as entrants were summoned for medical inspection throughout the session parents were asked to bring this card with them. It was hoped in this way to trace the 1,300 children who had been vaccinated but the response was disappointing, for, of the 1,300 cards issued, only 374 (28·8%) were produced and the children concerned received their reinforcing dose. It must be presumed that the other 926 (71·2%) cards had been lost or destroyed in the previous four years.

Tuberculosis :

B.C.G. Vaccination. Immunisation of thirteen year old pupils against tuberculosis is undertaken annually by the School Health Service in schools of the local authority and in 20 of the 28 independent day and boarding schools making provision for pupils aged thirteen years. In 1959-60 the work was undertaken by school medical officers aided by school health visitors and clerical assistants, and Appendix I shows the results.

Post vaccinal inspection was carried out in all schools and no severe reaction was found.

Mass X-Ray Examination of Pupils. The Interim Report on Radiological Hazards to Patients, usually called the Adrian report, published in 1959, advised that examination by miniature x-ray should not be applied to school children. For this reason, the offer of radiographic examination, which in previous years had been made available as a routine procedure to all school leavers, was made instead to pupils in their fourteenth year giving a positive skin reaction to tuberculin testing as a preliminary to B.C.G. vaccination. These children were referred for large film photography to the Central X-Ray Unit and the results were as follows.

No. examined	894
No. of notified cases of tuberculosis	12

The notified cases received treatment through their family doctors.

Periodic X-Ray Examination of Teaching Staff. Of the 2,679 teachers permanently employed by the Education Authority, 2,475 (92·4%), accepted the scheme for annual investigation and one case of active pulmonary tuberculosis was found.

Investigation of Pupils exposed to Infection in School. Throughout the year 4 pupils and 1 teacher in schools of the local authority were notified as cases of infectious tuberculosis. As they were considered likely to have been a source of danger to others, the parents of all class contacts were advised to consent to tuberculin testing and x-ray photography and 321 class contacts were examined in this way. No active case of tuberculosis was found.

In addition, infectious tuberculosis was reported in two independent schools in the city. In one of these, a boarding school which admits a number of day scholars, an elderly member of the domestic staff was found to be infected and, since no class or group had been at special risk, it was decided to offer tuberculin testing and x-ray examination to every pupil. No spread of the disease was found to have occurred among the 132 children examined. The other incident concerned an independent day school, a pupil of which developed infectious tuberculosis. Tuberculin testing of the class contacts resulted in the discovery of five more active cases and testing of the whole school was then undertaken. No more cases were found among the 245 children tested.

TUBERCULIN TESTING OF YOUNGER SCHOOL CHILDREN.

Testing by the multiple puncture method was offered to primary pupils in 11 schools and 3,664 children aged 5 to 12 years were tested, of whom 377 (10·3%)

gave a positive reaction. 219 (6·0%) of these, being already under supervision by the tuberculosis dispensary because of contact with a known case of tuberculosis, received no further examination. The remaining 158 (4·3%), being positive reactors ascertained for the first time, were x-rayed and 3 were found to have active pulmonary tuberculosis, for which hospital treatment was provided.

INSTRUCTION IN MOTHERCRAFT.

Mothercraft instruction in secondary schools is organised in collaboration with the Supervisor of Domestic Science and the teachers of that subject. Provision is also made in day schools for hard of hearing, physically handicapped and mentally handicapped pupils.

The number of children receiving mothercraft instruction was 318.

Dr. Guthrie's Senior Approved School for Girls :

Miss Dick again undertook mothercraft instruction during the winter. In all, 24 girls aged 15, 16, 17 and 18 years attended the class.

MEALS.

The number of meals supplied to schools and nurseries during the year ending 15th May, 1960, was 4,281,869. The total cost involved was £380,729. The average cost per meal was 21·339d. (10·358d. for food and 10·981d. for administration). The income from payments received for meals was £153,816. Applications for provision of free meals were received from 1,378 parents or guradians ; 1,248 of these applications were granted.

Nursery Meals.

	Nursery Schools		Day Nurseries	Total
	Corporation	Voluntary		
1953–54	193,305	42,064	11,915	247,284
1954–55	198,193	34,491	12,288	244,972
1955–56	185,116	33,977	11,951	231,044
1956–57	195,034	32,802	11,595	239,431
1957–58	194,644	28,068	11,994	234,706
1958–59	198,196	28,845	11,634	238,675
1959–60	225,677	12,697	11,627	250,001

MILK.

The Government Free Milk Scheme is in operation in all schools. Under this scheme, no milk is supplied during holidays. On the average 60,221 bottles of milk were consumed daily by pupils.

MEDICAL INSPECTION.

Systematic Inspections :

In Table I details of the numbers inspected during the school session are shown under the various categories. In Table II are detailed the numbers and percentages of children who at routine medical inspection were observed as suffering from defects.

MEDICAL TREATMENT.

(1) Provided directly by School Health Service :—

	New Cases	Attendances
A. Minor Ailments :—		
(1) Cuts, bruises, sprains, minor injuries, etc.	1,889	3,520
(2) Diseases of the ear	58	757
(3) Diseases of the eye, excluding defective vision	106	302
(4) Diseases of the skin :—		
Ringworm	10	20
Scabies	33	148
Impetigo	131	277
Other diseases	330	804
Total	2,557	5,828
B. Doctors' Clinics	244	550
C. Sunray Treatments :—		
Leith Clinic—		
School children	13	110
Sighthill Health Centre—		
School children	15	168
D. Orthopædic Clinics (Physiotherapist) :—		
Sighthill—		
School children	55	597

E. Chiropodist :—

	Leith Clinic	Sighthill	Senior Occupation Centres
Children examined	2,520	305	88
Children requiring treatment	183	22	43
Children who received treatment ...	171	19	43

F. Scabies :—

Cases and Attendances at Scabies Clinic.

Year	Age 0-5 Years	Age 5-15 Years	Age 15 Years+	All Ages	Total Attendances
1950	36	251	75	362	3,455
1951	15	95	15	125	577
1952	14	74	8	96	510
1953	13	56	11	80	356
1954	19	46	18	83	313
1955	20	65	24	109	429
1956	17	94	43	154	568
1957	15	113	42	170	726
1958	29	126	63	218	798
1959	52	142	62	256	939
1960	46	121	62	229	854

(2) Given in School Clinics by Regional Hospital Board Specialists :—

	New Cases		Attendances
G. Ear, Nose and Throat	337		707
Recommended for operative treatment ...		199	
H. Ophthalmologists	1,133		2,602
Squint	103		194
Glasses prescribed		2,096	
Glasses supplied by dispensing optician ...		1,277	

(3) Carried out in Hospital :—

IN-PATIENT TREATMENT—	Boys	Girls	Total
I. In-patients discharged from children's departments of general hospitals—			
Medical	268	185	453
Surgical	668	421	1,089
T. & A. operation	408	469	877
Skin conditions	14	11	25
Orthopædic conditions (excl. Princess Margaret Rose Hospital)	132	42	174
No diagnosis	35	31	66
J. In-patients discharged from Princess Margaret Rose Hospital—			
Orthopædic conditions	20	21	41
K. In-patients discharged from the City Hospital—			
Infectious diseases	88	99	187
Total number discharged from hospitals	1,633	1,279	2,912

OUT-PATIENT TREATMENT—

L.	Child Psychiatric Unit, Royal Hospital for Sick Children—referred by School Health Service ...	25
M.	Edinburgh Foot Clinic	78
N.	Hearing Aid Clinic, Cambridge Street—new cases issued with aids	45
O.	Orthoptic Clinic, Cambridge Street	19
P.	Rheumatism Clinic, Royal Hospital for Sick Children	21
Q.	Royal Victoria Dispensary—Contacts	133
R.	Royal Victoria Dispensary—contacts vaccinated with B.C.G.	133
S.	Notified cases of Tuberculosis	47

SPECIAL EDUCATIONAL TREATMENT.

Number of Children in Residential Schools and Institutions :

Blind—	
Royal Blind School	20
Blind and Mentally Handicapped—	
Condover Hall, Shrewsbury, Shropshire.	1
Deaf—	
Donaldson's School	7
Mary Hare Grammar School, Newbury, Berks	1
St Vincent's R.C. School, Glasgow	3
Epileptic—	
Colony for Epileptics, Bridge of Weir	3
David Lewis Manchester Colony	1
Physically Handicapped—	
Castlecraig, Peeblesshire	9
Challenger Lodge	11
Coltness House, Wishaw	7
East Park Home, Glasgow	3
Trefoil School	9
Staplefield Place School for Spastics, London.	1
Westerlea School for Spastics	8
Mentally Handicapped—	
East Fortune Hospital	13
Gogarburn Institution	41
Larbert Institution	14
St Charles' Institution	4
St Joseph's Institution	14
Strathore Institution	1

Maladjusted—

Craigerne, Peebles	7
Chaigley Residential School, Thelwall	1
Naemoor School, Perthshire	24
Rudolf Steiner (Aberdeen)	5
Rudolf Steiner (Garvald)	4
Harmeny House, Balerno	9
St Ninian's School, House of Falkland	3
Tankerha' Home, Kilmarnock	2
Tyneholme Boys' Home (Pencaitland)	2

Day Schools :—

(*a*) **Physically Handicapped :** There are three day schools for physically handicapped children to which children are admitted on the recommendation o the school medical officer. The children on the rolls of these schools numbered 110 at the end of the school year. Details of the disabilities from which they suffered are given in Appendix IV, Table A.

For those children with handicaps so severe that they cannot attend special day schools, a service of 12 visiting teachers is provided, 7 of whom are employed whole time and 5 part time, representing a total of 10 whole time teachers.

Dr Jessie Wilson periodically reviews the children on the visiting teachers roll, and, during the year, 49 pupils received education from visiting teachers. Details of the disabilities from which they suffered are given in Appendix IV. Table B.

Seventeen children with cerebral palsy were educated at Westerlea School fo Spastics as day pupils.

Welfare for physically handicapped children during and after school life is provided through the agency of the Edinburgh Cripple and Invalid Children's Aic Society, cases being first approved by the school medical officer and then referred to the society with the consent of the parents.

(*b*) **Epileptics :** Eight of these children receive special educational treatment in day schools for the physically handicapped. Welfare during and after school life is provided by the Scottish Epilepsy Association, to which children are referred with the consent of the parents.

(*c*) **Partially-Sighted Children** to the number of 31 are educated in Lauriston Special School—9 refractive errors and 22 other conditions. This includes 9 children from neighbouring counties.

(*d*) **Deaf Children** to the number of 45 are educated in Donaldson's Schoo for the Deaf as day pupils.

(*e*) **Partially-Deaf Children** to the number of 101 are educated in St Giles' Special School for hard-of-hearing children. This includes 40 children from neighbouring counties.

(*f*) **Speech Therapy** is given in small special classes by individual and group methods by five therapists employed whole time by the Education Authority During the year the number of children receiving treatment was 867, of whom 16 were stammerers, and 699 had defective articulation; 257 were discharged, 82 discontinued treatment or left school before treatment was completed and 528 remain on the roll to continue treatment. Included in the number receiving therapy were 31 in schools for the physically handicapped, 57 in schools for the mentally handicapped, 18 in the school for the hard-of-hearing.

(*g*) **Mentally Handicapped Children :** In the ascertainment of children requiring special educational treatment, formal testing of intelligence and of educational attainments was performed by psychologists of the Education Authority's Child Guidance Clinic whose findings were communicated to Dr. Constance Drysdale, Dr. Douglas Murray and Dr. Alan Lindsay, the three school medical officers specially engaged in work with the mentally handicapped.

There are six day schools (one of which is an Occupation Centre with a roll of 97) and one special class—the total being 508.

After care on leaving school is provided by the Edinburgh Association for Mental Welfare.

(*h*) **Maladjusted Children :** The three classes attached to Craigentinny Primary School have been augmented and re-organised and now form an independent school providing special educational treatment for 33 pupils now called Restalrig School.

(*i*) **Children with two or more handicaps :** In the special class attached to Balfour Place School for mentally handicapped are 3 children who are blind and mentally handicapped pupils.

Handicapped pupils who, on leaving school, required after-care were referred to the appropriate voluntary organisations.

MENTAL DEFICIENCY.

Dr. Constance Drysdale, Dr. Douglas Murray and Dr. Alan Lindsay, as Certifying Medical Officers, carried out the ascertainment and certification of defectives of school age.

Admission to Institutions : 6 children were certified as defective during the year and of these, 3 were admitted to Gogarburn, and 3 to Larbert.

REMAND HOME, GILMERTON.

The Remand Home administered by the children's department of the local authority, serves the needs both of Edinburgh and of the South Eastern counties; medical examination and treatment, dental treatment and any necessary specialist care being provided by the school health service. Children and young people are remanded to the Home from the Justice of the Peace, the Burgh and the Sheriff Juvenile Courts, before which they have appeared either as offenders or by petition.

During the year 337 children and young people were examined for admission to the Remand Home and 158 for Approved School reports.

CLASS INSPECTIONS.

At these inspections by nurses, defects of health and of cleanliness have been noted and appropriate action taken.

The number of children found to be infested during the past seven years are shown in the following table.

	1953–54	1954–55	1955–56	1956–57	1957–58	1958–59	1959–60
No. inspected	50,800	60,161	61,118	55,378	44,680	46,171	67,772
No. of head cards issued ...	2,905	3,368	3,051	2,375	1,874	2,350	3,549
Percentage	5·7	5·6	5·0	4·3	4·2	5·1	5·2

During the session the two nurse inspectresses particularly concerned with inspections for cleanliness examined 33,203 children and found 1,947 to be infested —an incidence of 5·9%.

PRE-APPRENTICESHIP COURSES.

The students attending the School of Building and Crafts are all examined to see that they are fit for the occupations of their choice. In addition, those taking the painters' course are tested for colour-blindness.

Pre-nursing candidates who have passed interview are submitted to a somewhat strict medical inspection in view of the nature of their future work.

TABLE I.

Total number of children examined at :—

	Systematic Examinations
Nursery	665
5 year-olds	5,657
9 ,, ...	5,670
13 ,, ...	5,891
16 ,, ...	614
Total	18,497
Other examinations :—	
Special and Supervision Cases	13,935
Vision Testing (5 years)	5,643
Vision Testing (7 years)	4,928
Employment of Children	1,816
National Camps	2,363
Other Camps	128
School Journeys Abroad	139
Outward Bound (Moray Sea) School	35
Nursery Schools and Classes (Routines)	665
Re-examination of Taught at Home Children ...	49
Vocational Guidance	1,530
Remand Home Admits	337
Approved School Reports	158
Pre-apprentices (Building)	108
Pre-apprentices (Catering)	8
Pre-apprentices (Engineering)	59
Pre-nursing	27
Referred by School Welfare Officer (Annsmill) ...	28
Candidates for admission to Training Colleges ...	4

Treatment Advised.

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries) :—

Nursery	62
5-year-olds	427
9 ,, ...	485
13 ,, ...	685
16 ,, ...	82
Total ...	1,741

Heights and Weights.

	Number Examined	Average Height (Inches)	Average Weight (lbs.)	Average Age	
				Years	Months
Nursery—					
Boys	486	38·43	36·11	3	8
Girls	432	38·21	34·90	3	7
Infants—					
Boys	3,031	42·88	42·92	5	3
Girls	2,974	42·50	41·50	5	3
9-year-olds—					
Boys	2.806	52·25	65·53	9	5
Girls	2,834	52·50	65·00	9	6
13-year-olds—					
Boys	3.057	60·50	99·80	13	6
Girls	2,942	60·75	103·40	13	6
16-year-olds—					
Boys	219	67·73	135·72	16	8
Girls	379	63·45	124·37	16	8

TABLE II.

Systematic Examinations.

Numbers and Percentages of Children found to be suffering from Defects at Routine Inspection.

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls
Total number examined in each Age Group	330	335	2,940	2,717	2,908	2,762	2,905	2,986	215	399	18,497
Nature of Defect : 1. Clothing unsatisfactory	— —	— —	1 *(0·0)*	— —	3 *(0·1)*	1 *(0·0)*	2 *(0·1)*	1 *(0·0)*	— —	— —	8 *(0·1)*
2. Footgear unsatisfactory	— —	— —	— —	— —	3 *(0·1)*	1 *(0·0)*	— —	1 *(0·0)*	— —	— —	5 *(0·0)*
3. Uncleanliness : (*a*) Head—											
(i) Nits	— —	4 *(1·2)*	15 *(0·5)*	37 *(1·4)*	10 *(0·3)*	86 *(3·1)*	8 *(0·3)*	68 *(2·3)*	— —	2 *(0·5)*	230 *(1·2)*
(ii) Verminous	— —	— —	1 *(0·0)*	— —	2 *(0·1)*	3 *(0·1)*	2 *(0·1)*	1 *(0·0)*	— —	1 *(0·0)*	10 *(0·1)*
(iii) Dirty	— —	— —	1 *(0·0)*	1 *(0·0)*	4 *(0·1)*	1 *(0·0)*	3 *(0·1)*	2 *(0·1)*	— —	— —	12 *(0·1)*
(*b*) Body—											
(i) Dirty	— —	— —	1 *(0·0)*	— —	1 *(0·0)*	2 *(0·1)*	2 *(0·1)*	1 *(0·0)*	— —	— —	7 *(0·0)*
(ii) Verminous	— —	— —	— —	— —	2 *(0·1)*	2 *(0·1)*	— —	— —	— —	— —	4 *(0·0)*
4. Skin : (*a*) Head—											
(i) Ringworm	— —	— —	1 *(0·0)*	1 *(0·0)*	— —	1 *(0·0)*	— —	— —	— —	— —	3 *(0·0)*
(ii) Impetigo	— —	— —	— —	— —	— —	5 *(0·2)*	1 *(0·0)*	— —	— —	— —	6 *(0·0)*
(iii) Other Diseases	2 *(0·6)*	— —	6 *(0·2)*	3 *(0·1)*	7 *(0·2)*	8 *(0·3)*	12 *(0·4)*	13 *(0·4)*	— —	— —	51 *(0·3)*

(*b*) Body—											
(i) Ringworm	—	—	2	—	1	—	2	—	—	—	5
	—	—	*(0·1)*	—	*(0·0)*	—	*(0·1)*	—	—	—	*(0·0)*
(ii) Impetigo	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
(iii) Scabies	—	—	—	—	—	—	1	2	—	—	3
	—	—	—	—	—	—	*(0·0)*	*(0·1)*	—	—	*(0·0)*
(iv) Other Diseases	12	4	47	40	56	35	83	68	9	3	357
	(3·6)	*(1·2)*	*(1·6)*	*(1·5)*	*(1·9)*	*(1·3)*	*(2·9)*	*(2·3)*	*(4·2)*	*(0·8)*	*(1·9)*
5. Defective Nutrition :											
(*a*) Slightly Defective	12	11	80	64	102	89	128	102	1	1	590
	(3·6)	*(3·3)*	*(2·7)*	*(2·4)*	*(3·5)*	*(3·2)*	*(4·4)*	*(3·4)*	*(0·5)*	*(0·3)*	*(3·2)*
(*b*) Bad	—	—	1	2	2	3	5	2	—	—	15
	—	—	*(0·0)*	*(0·1)*	*(0·1)*	*(0·1)*	*(0·2)*	*(0·1)*	—	—	*(0·1)*
6. Mouth and teeth unhealthy	9	8	187	195	173	148	109	66	4	4	903
	(2·7)	*(2·4)*	*(6·4)*	*(7·2)*	*(5·9)*	*(5·4)*	*(3·8)*	*(2·2)*	*(1·9)*	*(1·0)*	*(4·9)*
7. Nose, Throat and Glands :											
(*a*) Nose—											
(i) Obstruction requiring observation ...	8	11	55	53	28	9	11	5	—	—	180
	(2·4)	*(3·3)*	*(1·9)*	*(2·0)*	*(1·0)*	*(0·3)*	*(0·4)*	*(0·2)*	—	—	*(1·0)*
(ii) Obstruction, adenoids	8	4	70	51	10	15	4	11	—	—	173
	(2·4)	*(1·2)*	*(2·4)*	*(1·9)*	*(0·3)*	*(0·5)*	*(0·1)*	*(0·4)*	—	—	*(0·9)*
(iii) Other conditions	5	1	37	32	32	18	27	20	2	1	175
	(1·5)	*(0·3)*	*(1·3)*	*(1·2)*	*(1·1)*	*(0·7)*	*(0·9)*	*(0·7)*	*(0·9)*	*(0·3)*	*(0·9)*
(*b*) Throat—											
(i) Tonsils requiring observation	31	22	203	157	83	62	30	38	—	2	628
	(9·4)	*(6·6)*	*(6·9)*	*(5·8)*	*(2·9)*	*(2·2)*	*(1·0)*	*(1·3)*	—	*(0·5)*	*(3·4)*
(ii) Tonsils requiring operation	7	7	83	81	17	19	6	20	—	3	243
	(2·1)	*(2·1)*	*(2·8)*	*(3·0)*	*(0·6)*	*(0·7)*	*(0·2)*	*(0·7)*	—	*(0·8)*	*(1·3)*
(*c*) Glands—											
(i) Requiring observation	8	4	58	39	17	16	3	7	—	—	152
	(2·4)	*(1·2)*	*(2·0)*	*(1·4)*	*(0·6)*	*(0·6)*	*(0·1)*	*(0·2)*	—	—	*(0·8)*
(ii) Requiring operation	—	—	—	1	—	1	1	—	—	—	3
	—	—	—	*(0·0)*	—	*(0·0)*	*(0·0)*	—	—	—	*(0·0)*

TABLE II—*continued.*

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls
8. Eye Conditions :											
(*a*) External Conditions—											
(i) Blepharitis	—	—	12	7	15	15	13	11	—	1	74
	—	—	*(0·4)*	*(0·3)*	*(0·5)*	*(0·5)*	*(0·4)*	*(0·4)*	—	*(0·3)*	*(0·4)*
(ii) Conjunctivitis	—	—	3	6	7	5	3	1	—	—	25
	—	—	*(0·1)*	*(0·2)*	*(0·2)*	*(0·2)*	*(0·1)*	*(0·0)*	—	—	*(0·1)*
(iii) Corneal opacities	—	—	—	—	1	—	1	2	—	1	5
	—	—	—	—	*(0·0)*	—	*(0·0)*	*(0·1)*	—	*(0·3)*	*(0·0)*
(iv) Strabismus	10	12	72	75	54	59	35	25	2	4	348
	(3·0)	*(3·6)*	*(2·4)*	*(2·8)*	*(1·9)*	*(2·1)*	*(1·2)*	*(0·8)*	*(0·9)*	*(1·0)*	*(1·9)*
(v) Other diseases	1	—	7	5	8	4	9	4	—	—	38
	(0·3)	—	*(0·2)*	*(0·2)*	*(0·3)*	*(0·1)*	*(0·3)*	*(0·1)*	—	—	*(0·2)*
(*b*) *Visual Acuity—											
(i) Good vision (6/6 in better eye)	—	—	—	—	2,605	2,379	2,584	2,632	183	332	10,715
	—	—	—	—	*(89·6)*	*(86·1)*	*(89·0)*	*(88·1)*	*(85·1)*	*(83·2)*	*(58·0)*
(ii) Fair vision (6/9 or 6/12 in better eye) ...	—	—	—	—	230	290	212	255	24	42	1,053
	—	—	—	—	*(7·9)*	*(10·5)*	*(7·3)*	*(8·5)*	*(11·2)*	*(10·5)*	*(5·7)*
(iii) Bad vision (6/18 or worse in better eye)	—	—	—	—	73	93	109	99	8	25	407
	—	—	—	—	*(2·6)*	*(3·4)*	*(3·7)*	*(3·3)*	*(3·7)*	*(6·3)*	*(2·2)*
(*c*) Recommended for refraction	4	1	19	18	80	85	101	92	6	13	419
	(1·2)	*(0·3)*	*(0·6)*	*(0·7)*	*(2·8)*	*(3·1)*	*(3·5)*	*(3·1)*	*(2·8)*	*(3·3)*	*(2·3)*
9. Ear Conditions :											
(*a*) Diseases—											
(i) Otorrhœa	2	—	10	12	16	8	13	14	—	—	75
	(0·6)	—	*(0·3)*	*(0·4)*	*(0·6)*	*(0·3)*	*(0·4)*	*(0·5)*	—	—	*(0·4)*
(ii) Other diseases	2	1	30	26	41	29	38	36	3	3	209
	(0·6)	*(0·3)*	*(1·0)*	*(1·0)*	*(1·4)*	*(1·0)*	*(1·3)*	*(1·2)*	*(1·4)*	*(0·8)*	*(1·1)*
(*b*) Defective Hearing—											
(i) Grade I	—	—	8	3	5	6	11	12	1	1	47
	—	—	*(0·3)*	*(0·1)*	*(0·2)*	*(0·2)*	*(0·4)*	*(0·4)*	*(0·5)*	*(0·3)*	*(0·3)*

(ii) Grade IIA	— —	— —	2 *(0·1)*	1 *(0·0)*	7 *(0·2)*	13 *(0·5)*	24 *(0·8)*	16 *(0·5)*	1 *(0·5)*	1 *(0·3)*	65 *(0·4)*
(iii) Grade IIB	— —	— —	— —	1 *(0·0)*	2 *(0·1)*	2 *(0·1)*	4 *(0·1)*	1 *(0·0)*	— —	— —	10 *(0·1)*
(iv) Grade III	— —	1 *(0·3)*	— —	2 *(0·1)*	— —	— —	— —	— —	— —	— —	3 *(0·0)*
10. Defective Speech :											
(i) Defective articulation	2 *(0·6)*	3 *(0·9)*	58 *(2·0)*	21 *(0·8)*	8 *(0·3)*	4 *(0·1)*	3 *(0·1)*	1 *(0·0)*	— —	— —	100 *(0·5)*
(ii) Stammering	— —	— —	4 *(0·1)*	— —	10 *(0·3)*	1 *(0·0)*	10 *(0·3)*	1 *(0·0)*	— —	— —	26 *(0·1)*
11. Mental and Nervous Conditions :											
(*a*) Epilepsy—											
(i) Mild	— —	— —	3 *(0·1)*	1 *(0·0)*	2 *(0·1)*	— —	2 *(0·1)*	2 *(0·1)*	— —	— —	10 *(0·1)*
(ii) Severe	— —	— —	4 *(0·1)*	2 *(0·1)*	2 *(0·1)*	— —	— —	— —	— —	— —	8 *(0·0)*
(*b*) Backward	— —	— —	1 *(0·0)*	— —	1 *(0·0)*	— —	3 *(0·1)*	— —	— —	— —	5 *(0·0)*
(*c*) Dull	— —	2 *(0·6)*	1 *(0·0)*	— —	7 *(0·2)*	2 *(0·1)*	10 *(0·3)*	— —	— —	— —	22 *(0·1)*
(*d*) M.H. (Educable)	1 *(0·3)*	— —	2 *(0·1)*	— —	— —	— —	— —	— —	— —	— —	3 *(0·0)*
(*e*) M.H. (Ineducable)	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
(*f*) Nervous or unstable	4 *(1·2)*	5 *(1·5)*	40 *(1·4)*	24 *(0·9)*	26 *(0·9)*	14 *(0·5)*	15 *(0·5)*	12 *(0·4)*	— —	— —	140 *(0·8)*
(*g*) Difficult in behaviour	4 *(1·2)*	— —	14 *(0·5)*	8 *(0·3)*	8 *(0·3)*	3 *(0·1)*	6 *(0·2)*	2 *(0·1)*	— —	— —	45 *(0·2)*
12. Circulatory System :											
(*a*) Organic Heart Disease—											
(i) Congenital	3 *(0·9)*	1 *(0·3)*	9 *(0·3)*	8 *(0·3)*	5 *(0·2)*	5 *(0·2)*	5 *(0·2)*	7 *(0·2)*	— —	— —	43 *(0·2)*
(ii) Acquired	1 *(0·3)*	1 *(0·3)*	2 *(0·1)*	7 *(0·3)*	3 *(0·1)*	2 *(0·1)*	2 *(0·1)*	2 *(0·1)*	— —	— —	20 *(0·1)*
(*b*) Functional conditions	2 *(0·6)*	2 *(0·6)*	9 *(0·3)*	10 *(0·4)*	2 *(0·1)*	6 *(0·2)*	15 *(0·5)*	8 *(0·3)*	— —	3 *(0·8)*	57 *(0·3)*

* **9-, 13- and 16-year-olds only.** For 5-year-olds see Appendex II Table A.

TABLE II—*continued.*

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls
13. Lung Conditions :											
(*a*) Asthma	3 *(0·9)*	— —	26 *(0·9)*	17 *(0·6)*	22 *(0·8)*	6 *(0·2)*	16 *(0·6)*	16 *(0·5)*	2 *(0·9)*	1 *(0·3)*	109 *(0·6)*
(*b*) Chronic Bronchitis	— —	— —	3 *(0·1)*	2 *(0·1)*	4 *(0·1)*	1 *(0·0)*	2 *(0·1)*	2 *(0·1)*	1 *(0·5)*	— —	15 *(0·1)*
(*c*) Suspected Tuberculosis	— —	— —	— —	1 *(0·0)*	— —	1 *(0·0)*	2 *(0·1)*	7 *(0·2)*	— —	— —	11 *(0·1)*
(*d*) Other Diseases	7 *(2·1)*	2 *(0·6)*	26 *(0·9)*	14 *(0·5)*	16 *(0·6)*	9 *(0·3)*	9 *(0·3)*	8 *(0·3)*	— —	— —	91 *(0·5)*
14. Deformities :											
(*a*) Birth Injury	— —	1 *(0·3)*	3 *(0·1)*	2 *(0·1)*	6 *(0·2)*	6 *(0·2)*	4 *(0·1)*	3 *(0·1)*	— —	3 *(0·8)*	28 *(0·2)*
(*b*) Congenital	7 *(2·1)*	7 *(2·1)*	36 *(1·2)*	17 *(0·6)*	35 *(1·2)*	21 *(0·8)*	40 *(1·4)*	23 *(0·8)*	1 *(0·5)*	1 *(0·3)*	188 *(1·0)*
(*c*) Acquired (Poliomyelitis)	— —	— —	1 *(0·0)*	3 *(0·1)*	2 *(0·1)*	7 *(0·3)*	1 *(0·0)*	7 *(0·2)*	1 *(0·5)*	— —	22 *(0·1)*
(*d*) Acquired (Probable rickets)	1 *(0·3)*	1 *(0·3)*	7 *(0·2)*	3 *(0·1)*	2 *(0·1)*	1 *(0·0)*	8 *(0·3)*	1 *(0·0)*	1 *(0·5)*	— —	25 *(0·1)*
(*e*) Acquired (Other causes)	27 *(8·2)*	12 *(3·6)*	58 *(2·0)*	67 *(2·5)*	38 *(1·3)*	39 *(1·4)*	49 *(1·7)*	76 *(2·5)*	1 *(0·5)*	11 *(2·8)*	378 *(2·0)*
15. Tuberculosis :											
(*a*) Bone and Joint	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
(*b*) Abdomen	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
(*c*) Glands	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
16. Infectious Diseases	— —	— —	4 *(0·1)*	8 *(0·3)*	— —	2 *(0·1)*	1 *(0·0)*	1 *(0·0)*	— —	— —	16 *(0·1)*
17. Other Diseases or Defects :											
(*a*) Other Diseases or Defects	20 *(6·1)*	9 *(2·7)*	92 *(3·1)*	76 *(2·8)*	104 *(3·6)*	104 *(3·8)*	101 *(3·5)*	79 *(2·6)*	3 *(1·4)*	14 *(3·5)*	602 *(3·3)*
(*b*) Individual Children Notified	36 *(10·9)*	26 *(7·8)*	204 *(6·9)*	223 *(8·2)*	215 *(7·1)*	270 *(9·8)*	313 *(10·8)*	372 *(12·5)*	20 *(9·3)*	62 *(15·5)*	1,741 *(9·4)*
(*c*) Notices Issued	[illegible]	[illegible]	256	268	356	317	[illegible]	[illegible]	21	66	[illegible]

TABLE III.

Summary of Systematic Medical Examinations.

Group Classification	Nursery		5-year-olds		9-year-olds		13-year-olds		16-year-olds		Total	
	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.
I. No defect	466	70·5	4,330	76·5	4,430	78·14	4,604	78·16	507	83·38	14,337	77·51
II. (*a*) 6/12+ (better eye) with or without glasses ...	—	—	17	0·30	147	2·59	182	3·09	36	5·23	380	2·06
(*b*) Mouth or teeth likely to cause ill-health ...	2	0·30	71	1·25	33	0·38	58	0·99	1	0·23	165	0·89
(*c*) Both (*a*) and (*b*)	—	—	1	0·03	2	0·04	49	0·83	—	—	52	0·28
Total	2	0·30	89	1·58	182	3·21	289	4·91	37	5·46	597	3·23
III. Temporary illness only	128	19·25	747	13·18	697	12·28	568	9·64	34	5·12	2,174	11·75
IV. (*a*) Cure expected by treatment	61	9·20	445	7·86	301	5·31	368	6·24	34	5·44	1.209	6·54
(*b*) Improvement only by treatment	8	1·20	46	0·81	60	1·06	62	1·05	4	0·60	180	0·97
Total	69	10·48	491	8·67	361	6·37	430	7·29	38	6·04	1,389	7·51
Total number of children examined	665	100·00	5,657	100·00	5,670	100·00	5,891	100·00	616	100·00	18,497	100·00

Average Heights and Weights.

(Height in inches; Weight in lbs.)

	1953–54		1954–55		1955–56		1956–57		1957–58		1958–59		1959–60	
	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.
Nursery Boys ...	38·37	36·15	38·86	37·23	38·61	36·63	38·61	36·66	38·85	36·88	39·02	36·94	38·43	36·11
Nursery Girls ...	37·55	34·24	38·08	35·33	38·16	35·43	37·86	35·20	38·50	35·72	37·99	35·06	38·21	34·90
Infant Boys ...	42·65	42·44	42·85	42·88	42·78	42·72	43·00	43·16	42·95	43·03	42·90	43·26	42·88	42·92
Infant Girls ...	42·20	41·10	42·39	41·43	42·43	41·38	42·42	41·48	42·52	41·62	42·67	41·91	42·50	41·50
9-year-old Boys ...	51·89	64·49	51·95	65·09	51·97	65·09	52·14	65·53	52·16	65·35	52·32	66·04	52·25	65·53
9-year-old Girls ...	51·47	63·38	51·55	63·69	51·60	63·80	51·76	64·38	51·79	64·29	51·90	64·46	52·50	65·00
13-year-old Boys	59·76	94·05	59·90	95·23	60·15	96·44	60·01	96·25	60·29	97·28	60·66	100·00	60·50	99·80
13-year-old Girls	60·16	98·78	60·20	99·22	60·29	100·48	60·33	101·30	60·60	103·40	60·50	102·50	60·75	103·40
16-year-old Boys	66·68	135·70	67·61	135·87	68·02	137·22	67·46	136·75	68·09	136·60	67·75	138·00	67·73	135·72
16-year-old Girls	63·58	124·50	63·71	125·71	63·74	124·43	63·46	125·10	63·50	124·18	63·25	123·25	63·45	124·37

TABLE IV.

Return of all Exceptional Children of School Age in the Area

Disability	At Ordinary Schools	At Special Schools	At Hospitals or other Institutions	Not at School or Institution	Total
1. *Blind*	—	20	—	—	20
2. *Partially-sighted*—					
(*a*) Refractive errors ...	—	9	—	—	9
(*b*) Other conditions ...	—	22	—	—	22
3. *Deaf*—					
Grade I	2,003	—	—	—	2,003
Grade II	193	—	—	—	193
Grade IIa	1,286	—	—	—	1,286
Grade IIb	—	61	—	—	61
Grade III	—	49	—	—	49
4. *Defective Speech*—					
(*a*) Articulation ...	619	80	—	—	699
(*b*) Stammering ...	160	8	—	—	168
5. *Mentally Handicapped*—					
(*a*) I.Q. approx. 70-50—					
(i) Education Act	—	411	—	—	411
(ii) M.D. Acts ...	—	24	1	—	25
(*b*) I.Q. under 50—					
(i) Education Act	—	100	—	33	133
(ii) M.D. Acts ...	—	33	31	12	76
6. *Epilepsy*—					
(*a*) Mild	—	5	—	—	5
(*b*) Severe	—	9	—	—	9
7. *Physically Handicapped*—					
(*a*) Non-pulm. T.B. ...	—	10	—	—	10
(*b*) General Orthopædic	—	117	—	—	117
(*c*) Organic Heart Disease	—	14	—	—	14
(*d*) Other causes ...	—	79	—	—	79
8. *Maladjusted*	—	90	—	—	90
9. *Multiple Defects* ...		Not recorded			

TABLE V

LOCAL AUTHORITY DENTAL SERVICES (SCHOOL AND M. & C.W.)

School Year 1st August 1959 to 31st July 1960.

M. & C.W. Year 1st January to 31st December 1960. School Population—63,769.

Section I—General Statistics. Estimated Pre-School Population—34,500.

	Age on Inspection																Maternity	
	3 or under	4	Total ages 0-4	5	6	7	8	9	10	11	12	13	14	15	16	17 or over	Total ages 5-17+	Ante-Natal	Post Natal
Routine dental inspection	262	525	787	1,287	1,836	1,956	2,149	1,973	2,208	2,169	1,848	1,071	271	80	2	35	16,885	70	124
With dental defects	230	522	752	...	...	...	...	...	...	...	...	...	...	...	...	...	13,712	70	124
Offered treatment	230	522	752	...	...	...	...	...	...	...	...	...	...	...	...	...	13.712	70	124
Accepting treatment	230	520	750	...	...	...	...	...	...	...	...	...	...	...	...	...	9.206	70	123
Treated by L.A. Dental Officers ...	230	142	672	...	...	...	...	...	...	...	...	...	...	...	...	...	8.113	66	115
No. made dentally fit	230	142	672	...	...	...	...	...	...	...	...	...	...	...	...	...	7.950	66	115
Special and emergency cases ...	...	...	...	407	438	481	530	537	513	386	391	377	293	89	11	10	4.474	..	...
Attendances for Treatment ...		Total 0-4 years	1,119										Attendances for Treatment			Total 5-17+ years	39,957	193	438

Attendances to Oral Hygienist (1.728)

Section II—Details of Treatment

	School			M. & C.W.
	Routine (1)	Special and Emergency (2)	Total Columns 1 & 2 (3)	(4)
(*a*) Fillings				
(i) Permanent teeth	20,991	337	21,328	216
(ii) Deciduous teeth	4,565	131	4,696	461
(*b*) Extractions (not including orthodontic)				
(i) Permanent teeth	3,606	1,115	4,721	525
(ii) Deciduous teeth	7,835	2,460	10.295	772
Administrations of general anæsthetic	1.985	602	2,587	247
Other operations—Permanent teeth	4,655	731	5,386	537
Deciduous teeth	2,666	368	3.034	38
Dentures—Partial	189	...	189	12
Full	...	...	...	78
Repairs to Dentures	10	...	10	3
Radiographs—No. of exposures ... ... (not including orthodontic)	372	5	377	4

Section III—Orthodontic Treatment

No. of cases continued from previous year	494
New cases	174
Cases completed	210
Cases discontinued	12
Cases continuing at end of year	446
Attendances for treatment	2,631
No. of consultations with R.H.B. orthodontist	651

	R.H.B. Orthodontist	School D.S.	Total
No. of diagnostic examinations ... ... (not followed by treatment)	11	...	11
No. of cases treated—			
(*a*) without appliances	...	48	48
(*b*) with removable appliances	...	162	162
(*c*) with fixed appliances	...	...	...
No. of extractions (non-carious)	...	541	541
(i) Permanent teeth	...	17	17
(ii) Deciduous teeth	...	10	10
Repairs to orthodontic appliances Intra-oral	...	715	715
Radiographs— No. of exposures Extra-oral	...	60	60

Section IV—Dental Staff.

	Dental Surgeons (1)	Dental Hygienists (2)	Dental Surgery Assistants (3)
Establishment of posts agreed by Council	18	2	18
No. in post at 31/7/60—Whole-time	16	1	17
Part-time	nil	nil	nil
Whole-time equivalent of part-time	...	...	...
Total whole-time equivalent	16	1	17
No. of vacancies being advertised	2	1	0
Total half-days worked during year ended 31/7 60—			
(*a*) in School Health Service	6,473	430	7.030
(*b*) in Maternity and Child Welfare Service	350	30	356

Section V—Allocation of Time.

	Dental Surgeons (1)	Dental Hygienists (2)	Dental Surgery Assistants (3)
Estimated number of half-days occupied in—			
Inspection	183	...	...
Dental Health Education	5	8	...
Treatment (other than orthodontic)	5.915	422	. .
Orthodontic treatment	260	...	...
Administration	460	...	...
Absence due to illness	412	2	211
Total	7,235	432	211

Section VI—Additional Information and Notes.

Other operations :—

	School	M. & C.W.
Scaling, cleaning	264	9
Dressings—		
Permanent teeth	3,726	43
Temporary teeth	989	...
Gum treatment	781	24
Teeth trimmed	736	...
AgBo3 dressings	1,324	...
Impressions, bites	568	461
Crowns, inlays	31	...
Frenectomy	1	...
Totals	8,420	537

APPENDIX I.

Tuberculin Testing and B.C.G. Vaccination of School Children born in 1946.

	BOYS			GIRLS			TOTAL		
							Boys and Girls	Boys and Girls	Boys and Girls
	Local Authority	Private	Total	Local Authority	Private	Total	Local Authority	Private	Grand Total
No. Offered Tuberculin Testing	3,103	701	3,804	3,106	431	3,537	6,209	1,132	7,341
No. Accepted	2.801 (90·2%)	604 (86·16%)	3,405 (89·51%)	2.841 (91·46%)	379 (87·93%)	3.220 (91·04)%	5,642 (90·87%)	983 (86·84%)	6,625 (90·24%)
No. Tuberculin Tested and Read	2,469	571	3,040	2.478	345	2,823	4.947	916	5.863
No. of Positive Reactors	324 (13·1%)	100 (17·5%)	424 (13·9%)	287 (11·6%)	42 (12·2%)	329 (11·7%)	611 (12·4%)	142 (15·5%)	753 (12·8%)
No. of Negative Reactors	2,145 (86·9%)	471 (82·5%)	2,616 (86·1%)	2.191 (88·4%)	303 (87·8%)	2.494 (88·3%)	4.336 (87·6%)	774 (84·5%)	5.110 (87·2%)
Post Vaccinal Inspections	2.094	450	2.544	2,117	283	2,400	4.211	733	4,944

APPENDIX II.

TABLE A.

Vision Testing.

Age	Total No. Examined		Good Vision (6/6 in better eye, with or without glasses)		Fair Vision (6/9 or 6/12 in better eye, with or without glasses)				Bad Vision (6/18 or worse in better eye, with or without glasses)			
					Defect already known		Defect recognised for first time		Defect already known		Defect recognised for first time	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
5-year-olds												
Boys ...	2,870	100%	2,677	93·3%	48	1·7%	134	4·7%	4	0·1%	7	0·2%
Girls ...	2,773	100%	2,582	93·1%	39	1·4%	135	4·9%	6	0·2%	11	0·4%
7 year-olds												
Boys ...	2.383	100%	2,095	87·9%	103	4·3%	154	6·5%	22	0·9%	9	0·4%
Girls ...	2.545	100%	2,185	85·8%	99	3·9%	231	9·1%	13	0·5%	17	0·7%

APPENDIX III

AUDIOMETRIC TESTING—SESSION 1959-60.

18,809 children were tested, 4,355 were re-tested, making a total of 23,164 tests performed. With 280 testing days this gives an average of 67·2 children dealt with per testing day, and 82·7 tests per testing day.

	Number Listed	Number Tested	Normal	Total Def.	Grades			Abs.	Left
					1	2A	2		
Infant Admits 1959	5,649	5,095	4,569	526	291	203	32	554	—
% No. listed	—	90·2	—	—	—	—	—	9·8	—
% No. tested	—	—	89·7	10·3	5·7	4·0	0·6	—	—
Children born 1951	5,193	4.834	4,335	499	337	147	15	359	—
% No. listed	—	93·1	—	—	—	—	—	6·9	—
% No. tested	—	—	89·7	10·3	7·0	3·0	0·3	—	—
Secondary Admits 1959 ...	5,293	4,885	4.566	319	193	113	13	408	—
% No. listed	—	92·3	—	—	—	—	—	7·7	—
% No. tested	—	—	89·7	10·3	7·0	3·0	0·3	—	—
Children absent from last session's tests (all groups)	1,531	1,044	935	109	64	39	6	349	138
Children known to be defective last year	3,165	2.131	766	1.365	706	548	111	669	365
% No. listed	—	67·4	—	—	—	—	—	21·1	11·5
% No. tested	—	—	35·9	64·1	—	—	—	—	—
Children previously defective but normal on one previous test—retested this session	1,208	826	652	174	134	37	3	248	134
% No. listed	—	68·4	...	...	—	—	—	20·5	11·1
% No. tested	—	—	79·0	21·0	—	—	—	—	—
Children put forward by schools for opinion ...	530	516	394	122	62	41	19	14	—
% No. tested	—	—	76·4	23·6	—	—	—	—	—
Total number of known cases of defect in the city ...	—	—	—	3,482	2,003	1,286	193	—	—
% No. of known defectives ...	—	—	—	—	57·7	36·8	5·5	—	—

Notes.

The total number of defective cases in the City does not equal the summation of the groups since some children may be represented in more than one group, *e.g.*, a child may be born in 1952 but may also have been known as a defective last session.

Those graded 2 are more serious cases than grade 2A, but cannot be graded as 2A or 2B until further investigation.

APPENDIX IV.

TABLE A.

Physically Handicapped Children.

Disability	No.	Disability	No.
Alopecia	1	Nephritis	2
Congenital Defects :		Nervous System—Disorders of :	
(*a*) Skeletal—		Cerebral Palsy	30
Fragilitas Ossium	1	Cerebellar Tumour	1
Hydrocephalus	1	Epilepsy	9
Spina Bifida	2	Poliomyelitis	4
(*b*) Other—			
Cretinism	1	Rheumatism :	
Muscular Dystrophy	3	Stills' Disease (Rheumatoid arthritis of childhood)	2
Debility	13		
		Speech Defects	3
Enuresis and Encopresis	1		
		Tuberculosis :	
Heart Conditions :		Hip Joints	2
Congenital	8	Knee Joints	1
Acquired	1	Spine	2
		Abdomen	1
Lung Conditions :			
Asthma	5	Other conditions	13
Bronchitis	1		
Bronchiectasis	2		
Total number of cases : 110			

TABLE B.

Pupils on the Visiting Teachers' Roll.

Disability	No.
Accidents, Fractures, etc.	5
Cerebral Palsy	5
Congenital Heart Defect	4
Acquired Heart Defect (Rheumatic)	1
Dystrophy	3
Epilepsy	2
Hæmophilia	5
Orthopædic Conditions, various	5
Nervous Disorders	3
Poliomyelitis	4
Rheumatism	1
Tuberculosis (Surgical)	2
Various other conditions	9
Total	49

PREVENTION OF ILLNESS.

HEALTH EDUCATION.

REPORT BY
THE SENIOR MEDICAL OFFICER FOR RESEARCH AND HEALTH EDUCATION.

As is well known, modern advances in preventive and curative medicine have brought about a change of centre of gravity in many fields of public health. With control of many of the infectious diseases which formerly attacked communities, the importance of a positive approach to health has emerged. A combination of these developments with a deeper understanding of human behaviour and motivation has been reflected in the field of health education. The result has been, for example, an increasing breakaway from the old didactic methods of instruction and a swing towards the manipulation of the small group. Then again the value of leaflets, pamphlets, posters and exhibitions has been sharply questioned in some quarters. Also, the importance of health education in schools is agreed by all, but it is only where—as in Edinburgh—the active support of the Director of Education is given, that any progress can be made. In fact it can be appreciated that, although unity of purpose in the health education field may be stated universally, wide variations exist in application and method.

The danger that exists is that in a relatively new field, extremist views arise regarding the relevant capabilities of sections of the profession or the so-called efficacy of a certain technique. It must be remembered at all times that the " Educators " comprise a team—the teacher, the doctor, the sanitary inspector, the health visitor, the administrative staff, the voluntary workers, etc.—and no one member should be regarded as more important than another. Similarly, techniques depend upon the job to be done and, by adequate assessment beforehand, it will be found that a wide range of tools and methods must be applied which are all capable of modification. Any one method has its limitations, be it didactic or socratic—they are not mutually exclusive.

To summarise it may be said that in Health Education as in other fields, the via media is more likely to lead to steady progress and ultimate benefit, than the path chosen on impulse by the crusader. To attain this ideal, then, it is of the utmost importance that the technique of evaluation, either in its " crude " form or with the assistance of the expert, should be given pride of place to-day. It will only be by the resultant accumulation of such information that a near universal policy will emerge—due regard, however, being paid to local circumstances.

Health Education in Schools.

With the co-operation and assistance of the Director of Education, health education in schools has been further extended. For the past three years a course in human biology has been integrated with the science course of Ainslie Park School (Junior Secondary). During this past year activities have been extended to two primary schools and a further Junior Secondary. The health education section staff compile notes for the teachers and supply all visual aids, *e.g.*, diagrams, flannelgraphs, models, posters, leaflets and films. In addition a separate course for third year girls, at the request of the headmaster, is being conducted at Ainslie Park. This latter course, for want of a better name, has been termed " Home Nursing " and comprises instruction in—home nursing, accident prevention, first aid, home building, and citizenship.

Health Education for Student Teachers.

Two courses of instruction in Health Education are undertaken annually in Moray House Training College by the Depute Medical Officer of Health and the Medical Officer in charge of this section.

This is one of the most effective ways whereby a small section can usefully deploy its resources. Here we have the opportunity to educate the " educators " and full advantage is taken of the situation. If teachers leave to take up their future posts with a comprehensive grasp of health knowledge and methods then it is fairly certain that some of that information will be disseminated throughout the community.

In addition, this year, an attempt at evaluation of the course is being undertaken and this will be discussed under the appropriate heading.

Clean Air Exhibition.

At the beginning of this year the Health Committee approved the plan to render the city smokeless within 15 years, an enterprise to be effected in three five-year phases. It was realised, however, that such a plan required the co-operation and understanding of the general public. Accordingly it was agreed to stage a Clean Air Exhibition towards the end of February where people could come and have their queries answered by experts. From past experience, it was realised that unless four requirements were fulfilled, an exhibition had little hope of success. A central site is of the utmost importance together with a theme of popular appeal. Exhibits must have a professional finish and advertising impact must be carefully judged.

These requirements were fulfilled in the following way :

By the good offices of an Edinburgh businessman, premises at 36 Hanover Street were loaned to the department. The Gas Board, Electricity Board and Coal Utilisation Council co-operated willingly and several planning meetings were held to co-ordinate effort.

The general layout of exhibits was as follows :—

Public Health Department. The exhibits consisted essentially of three free-standing stands each comprising three individual panels, two display cabinets with coloured transparencies and a third cabinet incorporating labelled push buttons and details of the 15-year plan.

Clean
Air
Exhibition.

Mental
Health
Exhibition.

Stand 1. This was labelled ' The Problem ' and indicated the effects of smoke pollution in the city atmosphere, *i.e.*, damage to health, economy and materials. The centre panel was occupied by a 4′×3′ black and white photograph of Edinburgh taken from the Calton Hill. Detailed information was placed on the side panels in solid cork lettering. Transparencies in colour occupied a viewing cabinet in the foreground.

Stand 2. Labelled ' Progress Achieved.' The centre panel showed a 4′×3′ map of the city with the relevant information. The side panels were once again the key to the Smoke Control Areas and in addition the authorised fuels were listed. In the foreground colour transparencies in a viewing cabinet illustrated progress.

Stand 3. This was labelled ' Edinburgh's Plan.' The central panel contained a large map of the city divided in appropriate colours into the various phases of the 15-year plan with further sub-divisions in the first five-year phase. All areas were outlined by small coloured bulbs controlled by a battery of switches housed on a cabinet which also acted as a viewing box for explanatory statements.

The side panels contained additional general information.

Other Stands. The stands belonging to the Coal Utilisation Council, the Gas Board and Electricity Board followed in that order.

Publicity. Linked advertising incorporating an article by the Medical Officer of Health was included by the local press. A press conference was held by the Chairman of the Health Committee prior to the opening ceremony which was performed by the Lord Provost. Scottish Television included an item in their news and an illustrated locally designed poster was carried by all Corporation transport. In addition a letter of invitation to visit the exhibition was distributed to parents by the Education Department. Explanatory leaflets were also distributed at the exhibition.

Attendance. During the fortnight, 6,300 people attended and it was noticeable that people spent a considerable time digesting the information given on the panels. This could be attributed to a number of factors :—The theme was popular and it had universal appeal. All information on the panels was condensed to a form not far short of telegraphic, and colour was used liberally. Dramatic imagery took the place of the formal graph or histogram and solid lettering provided a breakaway from the traditional sign writing technique. The technique used in illuminating the map allowed the public to operate it themselves. No pains were spared to ensure the ' professional ' finish as there is no doubt that the day of the hastily constructed exhibition—posters on walls, exhibits on draped tables, etc.—has gone, never to return. In this day and age the public are so used to streamlined, high quality advertising methods, that a second rate effort cannot compete.

Mental Health Exhibition.

As this was World Federation Mental Health Year and in view of the impending Mental Health Legislation for Scotland, the Health Committee approved the staging of an exhibition in November with the fundamental aims of promoting a greater understanding of the problems of mental ill health and enlisting the sympathy and co-operation of the general public. A further point of importance was to portray the intricacies of the machinery involved in the care and after-care of the mentally disordered person and to define the difference between mental illness and mental defect.

Planning commenced in the early summer in conjunction with all interested bodies such as the Local Education Authority, The South Eastern Regional Hospital Board, The City Social Services, the Voluntary Associations and the Ministry of Labour.

The detailed panel designs and the text arrangements for the various stands were completed from scripts approved by the appropriate authorities. The final finish and the effective lighting were achieved by the part-time artist and Mr Donaldson of the City Architect's Department who gave freely of his time to ensure the success of the project. The health education staff were able to achieve continuity throughout the exhibition aided by the choice of panel design and by the use of one type and colour of wood. Interest was maintained by the liberal but controlled use of colour, black and white and colour photography, good lighting and electrically operated devices.

The Exhibition was designed on twelve stands.

Stand 1. Introductory—stressing the difference between mental illness and mental defect together with relevant statistics.

Stand 2. A Historical Survey in photographs.

Stand 3. Questions and Answers. Illustrated definitions.

Stand 4. Local Authority Stand, illustrated by text, photography and colour transparencies.

Stand 5. Mental Hospitals stand. Illustrated as above.

Stand 6. Mental Deficiency Institutions. Illustrated as above.

Stand 7. A map of the city on which the various Mental Health and Preventive Services were illuminated in turn by means of 8 push-buttons.

Stand 8. Nursing Recruitment.

Stand 9. Illuminated family group with surrounding illuminated text. A positive approach to good mental health.

Stand 10. Central display of 10 panels illustrating various aspects :—
Services for the Elderly.
The Health Visitor.
The Ministry of Labour.
The Youth Employment Officer.
Tracings by E. E. G.
Voluntary Associations.

Stand 11. Displays of handwork by Special Schools, etc. . . .

Stand 12. Display of available literature.

Enquiry Desk. Staffed by the Public Health Department.

Publicity. All voluntary organisations and the churches throughout the city were given information by letter and details were also supplied to the Department of Health for Scotland and all Corporation Departments. A press conference and press advertising were arranged by the Corporation's Public Relations Officer. Finally a specially designed bus poster completed the major aspects of publicity and the opening ceremony was performed by the Lord Provost.

The results of the exhibition are given under the heading Evaluation.

Public Meetings.

A total of 233 meetings was addressed during the year as opposed to 353 in 1959. The decrease of 120 is to a large extent a reflection of the previous year's Cigarette Cancer Campaign. A total of 10,679 people attended, an average of 45 per meeting. Sixty-eight talks were given by medical officers, and 111 by other staff of the Public Health Department, including administrative personnel, sanitary inspectors and health visitors.

Summer School, St Andrews.

One doctor, a sanitary inspector and a health visitor attended the Scottish Council for Health Education's summer school at St Andrews.

Evaluation.

Evaluation has often been defined as the attempt to determine the effectiveness of a programme in achieving its intended purpose. This, however, is only part of the truth and the wider definition given by the W.H.O. Expert Committee is that programme evaluation is the systematic accumulation and assessment of facts and opinions for the purpose of planning and making decisions about every phase of a programme. Evaluation at or prior to the commencement of a programme must not be confused with pre-testing of media.

Mental Health Exhibition. The objectives of the exhibition were to give the public a greater understanding of the problems of mental disorder and to enlist their sympathy and co-operation. The criteria of success or failure, could only be some measurement of the response of the man-in-the-street and this was achieved by (*a*) the use of questionnaires ; (*b*) the increased demand, if any, for talks on mental health topics ; (*c*) talking to the people attending the exhibition. The base-line from which to measure progress was the assumption of a universal ignorance of the subject—not unreasonable in view of the taboos which are well known to exist in the community.

With regard to pre-testing of exhibits, these were the product of the imagination and experience of two doctors, a nurse, an administrator, an artist and an electrician. Plans and diagrams were submitted from time to time to the critical eye of members of the profession and a cross-section of the laity.

A total attendance was registered of 5,250 people in eleven days. Each was given a simple questionnaire together with a pre-paid envelope and asked to complete and return at their convenience. Approximately 25 per cent. did so and the results were tabulated as follows :—

Analysis of Questionnaires.

1. How did you hear about this exhibition ?

Bus Poster	28 per cent.
Newspapers	21 ,, ,,
Passing	17 ,, ,,
From a friend	16 ,, ,,
A.A. Signs	7 ,, ,,
From ministers	5 ,, ,,
From club secretaries	2 ,, ,,
Bill-posting	1 ,, ,,
B.B.C., Schools, University and Hospitals	3 ,, ,,

2. Which Stand impressed you most ?

Display of goods	14 ,, ,,
Questions and Answers	12 ,, ,,
Hospitals for the Mentally Ill	10 ,, ,,
Historical Stand	9 ,, ,,
The Problem	9 ,, ,,
The 4 large paintings	8 ,, ,,
Mental Defective Institution	8 ,, ,,
Local Authority Services	7 ,, ,,
Illuminated Map	6 ,, ,,
Nursing Stand	6 ,, ,,
Family Group	5 ,, ,,
Central Display	4 ,, ,,
Leaflets, Mobile and Films	2 ,, ,,

3. Has the exhibition given you a greater understanding of the mentally ill and mentally defective ?

Yes	88 per cent.
No	12 per cent.

4. Do you consider such an exhibition to be worthwhile ?

Yes	96 per cent.
No.	4 ,, ,,

5. Would you have preferred to see

More photographs	40 per cent.
Fewer photographs	2 ,, ,,
More detailed explanations	40 ,, ,,
Less detailed explanations	8 ,, ,,
No change	10 ,, ,,

It is worthy of mention with regard to the above results that posters in corporation buses justify the trouble and expense taken to produce them. More than one quarter of the people attending the exhibition had seen these posters.

The answers to question 2 showed a range of 2 to 14 per cent. which indicated a fairly uniform level of presentation. In question 3, of the 12 per cent. who answered no, were included a number of the medical profession who really should have left the answer blank. A surprising feature of question 5 was the number of people who would have preferred more detailed explanations despite what was already considered to be a formidable array of panels bearing typeset information.

As regards the long term effects of this initial effort it is, as yet, too early to assess any quickening of public interest. Future requests for talks on the subject should, however, give some indication.

Evaluation of Health Education at Moray House.

Two courses of lectures on Health Education at Moray House are undertaken by members of the Public Health Department staff. This scheme is considered particularly valuable as it is believed that by " educating the educators " the most useful deployment of the available staff is made.

In order to increase the benefit derived from the course, an assessment is being made of the background knowledge of students on entry and their general attitudes to health. These factors will be re-assessed towards the end of the course when it is hoped to learn which aspects of the lectures should be stressed in order to obtain the maximum benefit.

Future Plans.

At present work is going on along the following lines :—

(*a*) Increased design and production of flannelgraphs.

(*b*) Design and production of exhibits large, small, animated and otherwise for installation and circulation in schools, clinics, libraries, etc.

(*c*) Production of teaching notes on a variety of public health subjects.

(*d*) The building up of a complete slide and film strip library for all purposes.

(*e*) The planning of certain lines of research, particularly those relating to atmospheric pollution.

PREVENTION OF HOME ACCIDENTS.

FIREGUARD LOAN SCHEME.

This scheme, organised by the Home Safety Committee of the Edinburgh Accident Prevention Council, with the financial support of the Health Committee has now been functioning smoothly for over nine years and by the end of 196 2,635 fireguards were out on loan in the city as against 2,560 in December, 1959 During the year, 485 guards were issued or re-issued. Out of that number 1 were loaned to aged or handicapped persons. These fireguards were delivered by means of the department vans.

The waiting list at the close of the year was 101 compared with 147 at th corresponding period last year.

HOME ACCIDENTS.

The following tables show the number and classification of accidents reporte by the hospital authorities and the City Police during the year and details of fata cases. As notification is incomplete the totals shown in Table I do not represen the incidence of home accidents in the city.

TABLE I

Home Accidents reported and investigated during 1960.

Age Groups	Fractures		Burns		Scalds		Poisoning				Cuts or Lacerations		Other		Totals	
							Gas		Other							
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	—	1	1	1	1	2	—	—	—	—	—	1	1	5	3	10
1–4	9	11	21	12	37	26	—	—	9	9	75	40	29	23	180	121
5–9	7	6	9	6	13	12	—	—	—	—	75	50	16	32	120	10
10–14	3	4	5	3	6	6	1	—	—	—	23	27	15	15	53	55
15–24	1	1	3	3	2	2	—	—	—	1	8	2	8	4	22	1
25–34	—	—	2	2	1	3	—	—	—	1	7	—	1	3	11	9
35–44	1	—	1	3	1	1	—	—	1	—	1	5	1	3	6	12
45–54	1	—	—	2	—	1	—	—	—	—	4	4	1	—	6	7
55–64	1	3	1	—	—	1	—	—	—	—	4	3	1	2	7	9
65–74	—	3	2	—	—	—	—	—	—	—	2	3	1	3	5	9
75–84	—	2	1	—	—	—	—	—	—	—	1	1	1	—	3	3
85 and over	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	23	31	46	32	61	54	1	—	10	11	200	136	75	91	416	355
	54		78		115		1		21		336		166		771*	

* This total includes 233 patients treated at Sighthill Health Centre.

TABLE II

Deaths from Accidents in the Home during 1960.

Age Groups	Fractures		Burns		Scalds		Poisoning				Accidental Mechanical Suffocation		Other		Totals	
							Gas		Other							
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	—	—	—	—	—	—	—	—	—	—	5	2	—	—	5	2
1–4	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
5–9	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
10–14	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2
15–24	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—
25–34	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
35–44	—	—	—	—	—	—	2	1	—	—	—	—	—	—	2	1
45–54	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	3
55–64	—	1	—	1	—	—	3	4	1	—	—	—	—	—	4	6
65–74	4	4	1	3	—	—	—	5	—	—	—	—	—	—	5	12
75–84	9	18	1	2	—	—	1	13	—	—	—	—	—	—	11	33
85 and over	4	17	—	—	—	—	—	1	—	—	—	—	—	—	4	18
Totals	17	41	2	7	—	—	7	26	3	3	5	2	—	—	34	79
	58		9		—		33		6		7		—		113	

PREVENTION OF TUBERCULOSIS.

The statistics of notified tuberculosis in the city in 1960 were somewhat disappointing because only a small reduction in the incidence of the disease was recorded. The total number of notifications of respiratory and non-respiratory tuberculosis was 309 compared with 331 in 1959, a decrease of 22. Perhaps it is too much to expect a substantial decrease every year and we should not be unduly disappointed when our hopes are not completely fulfilled. One particularly noteworthy aspect of the year's figures was the increase in respiratory tuberculosis in men over the age of 55 from 37 cases in 1959 to 55 in 1960—an increase of almost 49%. This age group, therefore, would seem eminently suitable for special attention in the new selective-use policy for mass miniature radiography.

The number of deaths (24) from all forms of tuberculosis was one more than in 1959, the death-rate remaining at 5 per 100,000. All the deaths were due to the respiratory form of the disease, there being no loss of life amongst those suffering from non-respiratory tuberculosis.

Until recently these annual statistics were the only reliable index of the prevalence of tuberculosis in a community, but of greater significance nowadays is the tuberculin skin test which measures the extent of infection rather than the occurrence of active disease. This simple skin test is applied to school leavers so that those who might be susceptible to tuberculosis can be offered protection by B.C.G. vaccination A positive reaction to the test shows the existence of previous tuberculous infection from which recovery has taken place, usually without any symptoms or ill health In 1960 the percentage of positive reactors in school leavers fell to 12·8%, so continuing the steady decrease which has been evident every year since 1954 and 1955 when figures of 30·5 per cent and 24·3 per cent were reported. The following table shows the annual position since 1956 and more complete details of the tuberculin testing of school children will be found in the School Health Service report on page 97.

Year of testing ...	1956	1957	1958	1959	1960
Year of birth	1942	1943	1944	1945	1946
No. offered Tuberculin testing	5,189	5,888	6,177	5,404	7,341
No. accepting	4,446	5,101	5,113	4,339	6,625
No. tested	4,124	4,701	5,067	4,268	5,863
No. positive reactors ...	829	884	847	579	753
Percentage positive reactors	20·1	18·8	16·7	14·0	12·8

Respiratory Tuberculosis

Of the 260 new cases of respiratory tuberculosis notified during the year, 167 were males and 93 females, an increase of 2 males and a decrease of 21 females Mention has already been made of the increased incidence of respiratory tuberculosis in men over the age of 55 years and in fact the highest incidence in males occurred in the age group 55-65 years, the number having increased by 18 over the previous year to a total of 35. Amongst females the youngest age group 0-15 years again showed the highest incidence, an increase of 3 to a total of 24. Although there has been a dramatic decrease in tuberculosis in the 15-45 years age group during the last 15 years little change is evident in the older age groups over 45 years.

The fall from 59 per 100,000 to 55 per 100,000 in the respiratory tuberculosis notification rate gave the city the lowest rate so far achieved.

There were 24 deaths from respiratory tuberculosis in 1960, 4 more than in the previous year, the death-rate rising from 4 per 100,000 to 5 per 100,000. Nineteen males and 5 females died compared with 15 males and 5 females in 1959. No male deaths occurred in the age groups under 35 years and of the 16 men dying at ages over 55 years, 10 were older than 65 years. Except for two female deaths over the age of 65 years, the others occurred in those aged between 15 and 65 years. Seven of the patients who died were only notified after death or less than a month prior to death.

The number of persons on the respiratory tuberculosis register at the end of the year was 4,515 (2,428 males, 2,087 females) being a decrease on last year's figures of 208 males and 73 females.

Non-respiratory Tuberculosis

As a result of 3 fewer female cases being notified out of the total of 49 new notifications (15 males, 34 females) the notification rate fell from 11 per 100,000 to 10 per 100,000. Superficial tuberculous glands were responsible for the highest incidence (13) in females whose ages with one exception ranged from 15 to 65 years. In males there were two cases of superficial glands and the next most frequent site for the disease was the genito-urinary organs (7 males, 8 females). Two cases of meningitis occurred, both females aged between 5 and 25 years.

There was no case of non-respiratory tuberculosis under the age of 5 years and compared with 3 deaths in 1959 no death was recorded.

A decrease of 11 males in the number on the register at the end of the year was accompanied by an increase of 5 females so that the total of 510 was made up of 194 males and 316 females.

Tuberculosis Register

Mention has already been made of the reduced numbers of both respiratory and non-respiratory tuberculosis cases on the register at the end of the year. The overall picture obtained from the register is a total of 5,025 registrations (2,622 males, 2,403 females) compared with 5,312 (2,841 males, 2,471 females) in 1959. The reduction in the number of males by 219 and of females by 68 means that there are now 287 fewer cases on the register than at the end of the previous year.

Health Visiting

During the year health visitors paid 9,298 visits to 2,751 notified cases of tuberculosis and 2,872 visits to others. In addition there were 2,963 " no access " visits.

Laundry

The number of tuberculous households which received help from the laundr service was 16, the average weekly number being 13. The total number of article laundered was 5,874. The various articles were first disinfected at the Disinfectin Station (High School Yards) in order to eliminate the risk of infection and afterwards laundered, under contract, by a local firm, the transport being supplied b this Department.

Other Aspects of Tuberculosis

B.C.G. vaccination	Page	111
Disinfection	,,	116
Tuberculin testing of pupils	,,	77
X-ray of pupils	,,	77
X-ray of teachers	,,	77

Attendances at Chest Clinics.

During 1960 there was a decrease of 3,313 in the number of attendances a the Royal Victoria Dispensary. Figures of attendances for the past ten years ar given :—

Year	Attendances	Year	Attendances
1951	38,261	1956	31,689*
1952	36,761	1957	29,598*
1953	37,588	1958	31,953*
1954	28,564*	1959	24,836*
1955	31,361*	1960	21,523*

* Does not include patients and contacts who returned only for tuberculin test readings.

Details of attendances at the peripheral out-patient clinics for the year ar given below :—

Royal Victoria Hospital	536
City Hospital	1,821
Northern General Hospital	3,310
M.O.P.D., Royal Infirmary	753
S.M.M.P.	113
	6,533
Royal Victoria Dispensary	21,523
Total Attendances at Clinics	28,056

Hospital Admissions.

Of the *260 patients notified during the year 130 were admitted to hospital. a similar percentage to last year.

* Decrease of 19.

Hospital Bed Accommodation.

Hospital	Male	Female	Children	Total
City Hospital	60	40	...	100
Royal Victoria Hospital	21	14	...	35
East Fortune *	13	...	...	13
Totals	94	54	...	148

* No specific allocation of beds for Edinburgh patients—figures given represent beds occupied by Edinburgh patients at 31st December, 1960.

Housing.

During the year 58 families were rehoused under the Corporation's priority scheme for tuberculosis patients, as against 82 in 1959. At 31st December, 1960, 43 families in categories I and II were awaiting rehousing, 39 less than at the same date in 1959.

The following table shows the type of house occupied by the 260 cases of respiratory tuberculosis notified during the year :—

1 Roomed House	2 Roomed House	3 Roomed House	4 Rooms and Over	Lodging Houses	Institutions, Etc.	Total
21	51	88	85	6	9	260

B.C.G. Vaccination.

B.C.G. vaccination is still limited to three classes of persons, namely contacts, school-leavers and others at special risk such as nurses and medical students. During the year 9,809 were tuberculin tested (9,333 in 1959) and of this number 5,949 were found to be negative (5,730 in 1959). The number vaccinated was 5,700, an increase of 109 from the 1959 figure. The following table gives details in the form rendered to the Department of Health for Scotland each year :—

Category	Tuberculin Tested		Negative Reactors		Vaccinated during 1960 *	
	M.	F.	M.	F.	M.	F.
Nurses	18	679	1	152	3	179
Students (all groups) ...	1,631	897	386	275	298	218
Contacts	760	799	371	382	341	279
School leavers	2,601	2,417	2,238	2,137	2,238	2,137
New-born babies	4	3	4	3	4	3†
Others	...	...	...	...	...	—
Totals	5,014	4,795	3,000	2,949	2,884	2,816
	9,809		5,949		5,700	

* Including vaccinations where the tuberculin tests were carried out in the previous year.

† Vaccinated at Willowbrae House.

Tuberculosis Death Rates in Scotland.

The death rates quoted below, which are taken from the Registrar-General's preliminary statement for 1960, enable a comparison to be made with Edinburgh and other large centres of population in Scotland.

Town	Death rate per 1000		Town	Death rate per 1000	
	Respiratory Tuberculosis	All forms of Tuberculosis		Respiratory Tuberculosis	All forms of Tuberculosis
Glasgow	0·19	0·21	Paisley	0·16	0·16
Edinburgh ...	**0·05**	**0·05**	Greenock	0·18	0·18
Dundee	0·05	0·05	Motherwell & Wishaw	0·07	0·05
Aberdeen	0·05	0·05	Clydebank	0·12	0·15

SCOTLAND :—Respiratory T.B., 0·09 ; All forms 0·10.

RESPIRATORY TUBERCULOSIS.

The number of confirmed new cases notified during the year was 260, a decrease of 19 over the previous year. In the table below the cases are allocated to municipal wards.

	Notifi-cations	Rate per 1000		Notifi-cations	Rate per 1000
1. St Giles	9	0·5	15. St Andrew's	11	0·8
2. Holyrood	15	0·9	16. Broughton	10	0·6
3. George Square ...	11	0·7	17. Calton	7	0·4
4. Newington	9	0·4	18. West Leith	4	0·2
5. Liberton	22	0·7	19. Central Leith	14	0·7
6. Morningside	9	0·6	20. South Leith	9	0·4
7. Merchiston	5	0·3	21. Craigentinny	9	0·4
8. Colinton	8	0·4	22. Portobello	13	0·5
9. Sighthill	13	0·5	23. Craigmillar	13	0·7
10. Gorgie-Dalry	8	0·4	Institutions and Military Quarters	15	...
11. Corstorphine	6	0·3			
12. Murrayfield-Cramond	5	0·3	Total ...	260	0·55
13. Pilton	26	0·8			
14. St Bernard's	9	0·4			

Patients Treated in Tuberculosis Hospitals during 1960.

Patients		Remained at 1st Jan. 1960	Admitted During Year	Discharged During Year	Died in Hospital	Remaining at 31st Dec. 1960
Adults	Male ...	106	198	172	25	107
	Female ...	33	106	113	9	17
Children	Male ...	6	8	6	—	8
	Female ...	15	14	17	—	12
Totals ...		160	326	308	34	144

The deaths and death-rates in municipal wards are shown in the following table. The total deaths numbered 24 as against 20 in 1959.

Deaths and Death Rates in Municipal Wards of the City.

No.	WARDS	No. of Deaths	Rate per 1000	Sex		Age-periods															
				M	F	Under 15 years		15 and under 20 years		20 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 yrs. and upwards	
						M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	St Giles ...	2	0·11	2	...	...	...	...	...	...	...	...	...	...1	...	...	...	...	...	...1	...
2	Holyrood ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3	George Square	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4	Newington ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	Liberton ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6	Morningside	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7	Merchiston ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	Colinton ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Sighthill ...	1	0·04	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
10	Gorgie-Dalry	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11	Corstorphine	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12	Murrayfield and Cramond ...	1	0·06	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
13	Pilton ...	4	0·13	3	1	...	...	...	...	...	...	...	1	...	...	...	...	2	...	1	...
14	St Bernard's	2	0·09	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
15	St Andrew's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16	Broughton ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17	Calton ...	2	0·12	2	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
18	West Leith ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
19	Central Leith	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20	South Leith ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
21	Craigentinny	2	0·09	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
22	Portobello ...	3	0·12	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1		2	...
23	Craigmillar ...	1	0·05	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Institutions and Military Quarters ...	5	0·5	4	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	1
	Totals ...	24	0·05	19	5	...	...	...	...	...	1	...	2	2	...	1	...	6	...	10	2

Deaths from Tuberculosis.

(Showing the period elapsing between notification or intimation and death.)

	RESPIRATORY		NON-RESPIRATORY	
	Males	Females	Males	Females
Number of persons who died from tuberculosis :—				
Not notified or notified only at or after death	3	2	...	...
Notified less than 1 month before death ...	2	...	...	...
,, from 1 to 3 months before death ...	...	...	...	...
,, from 3 to 6 months before death ...	...	...	...	...
,, from 6 to 12 months before death ...	...	...	...	...
,, from 1 to 2 years before death ...	...	...	...	...
,, over 2 years before death	14	3	...	...
Totals	19	5	...	...

NON-RESPIRATORY TUBERCULOSIS.

Notifications of non-respiratory tuberculosis numbered 49 as compared with 52 in the previous year. The following is a record of notifications and deaths since 1949.

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuberculosis, etc.		Total (All Non-Pulmonary Forms)		Rates pe 100,00 of Populat	
	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Incidence Rate	Death Rate
1949	34	2	15	4	21	6	1	...	9	1	25	4	22	2	4	2	131	21	27	4
1950	30	1	15	3	20	11	3	...	9	4	15	...	14	2	8	1	114	22	23	5
1951	8	...	9	2	13	7	...	...	10	...	20	3	17	2	4	2	81	16	17	3
1952	15	2	9	2	14	6	...	...	12	3	16	3	27	2	7	...	100	18	21	4
1953	25	...	4	1	13	3	3	...	16	2	17	2	30	2	2	1	110	11	23	2
1954	20	1	7	...	11	2	3	...	17	2	9	2	14	...	3	...	84	7	18	1
1955	27	1	8	...	4	2	1	...	8	1	6	2	11	...	15	2	80	8	17	2
1956	18	1	4	...	1	1	...	...	20	1	2	2	14	1	4	2	63	8	13	2
1957	19	1	4	1	...	1	...	...	10	...	4	...	6	...	7	...	50	3	11	1
1958	23	...	3	...	2	1	1	...	11	2	3	2	5	...	4	1	52	6	11	1
1959	25	...	2	2	...	1	...	...	10	...	...	...	9	...	6	...	52	3	11	0·6
1960	**15**	...	**3**	...	**2**	...	**1**	...	**15**	...	...	...	**4**	...	**9**	...	**49**	...	**10**	..

Respiratory Tuberculosis Notifications.

Year	Under 15 years		15–25 years		25–35 years		35–45 years		45–55 years		55–65 years		65+ years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1949 ...	44	26	78	144	67	64	68	34	44	18	39	7	21	7	361	300	661	135
1950 ...	46	64	85	138	56	71	54	25	49	11	39	12	19	12	348	333	681	139
Average 1946–50	35	33	75	129	69	70	59	32	50	12	38	8	20	9	346	293	639	132
1951 ...	31	52	74	122	59	64	60	28	43	12	40	11	21	12	328	301	629	135
1952 ...	59	48	73	134	71	92	63	31	59	12	39	9	22	10	386	336	722	152
1953 ...	59	73	90	119	67	95	59	44	83	22	42	9	26	9	426	371	797	169
1954 ...	75	71	90	144	62	87	55	41	55	21	55	6	24	11	416	384	800	170
1955 ...	33	35	63	103	55	68	50	49	63	22	56	9	23	9	343	295	638	136
Average 1951–55	51	56	78	124	63	81	57	39	61	18	46	9	23	10	380	337	717	152
1956 ...	35	27	53	77	59	51	53	45	80	20	51	11	34	7	365	238	603	129
1957 ...	24	25	49	39	38	39	27	46	45	16	38	8	18	6	239	179	418	90
1958 ...	23	22	39	66	68	48	69	62	89	36	75	13	64	20	427	267	694	148
1959 ...	17	21	30	20	23	20	25	14	33	20	18	7	19	12	165	114	279	59
1960 ...	**20**	**24**	**17**	**18**	**22**	**15**	**26**	**18**	**27**	**6**	**35**	**8**	**20**	**4**	**167**	**93**	**260**	**55**
Average 1956-60	24	24	38	44	42	34	40	37	56	20	43	9	31	10	273	178	451	96

Respiratory Tuberculosis Deaths.

Year	Under 15 years		15–25 years		25–35 years		35–45 years		45–55 years		55–65 years		65+ years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1949 ...	3	6	23	44	17	38	26	16	28	10	33	2	19	5	149	121	270	55
1950 ...	1	3	7	29	23	29	24	12	35	10	29	9	18	8	137	100	237	48
Average 1946–50	6	7	18	42	24	35	27	19	36	8	29	5	19	8	159	124	283	50
1951 ...	2	...	8	12	9	19	9	9	23	5	21	10	22	7	94	62	156	33
1952 ...	3	3	8	11	9	6	9	5	25	3	13	6	15	9	82	43	125	26
1953 ...	...	1	3	3	6	10	15	4	16	6	23	4	15	3	78	31	109	23
1954 ...	...	1	1	4	4	4	6	4	13	7	11	6	19	8	54	34	88	19
1955 ...	...	1	...	3	3	5	4	2	4	3	5	4	13	2	29	20	49	10
Average 1951–55	**1**	**1**	**4**	**7**	**6**	**9**	**9**	**5**	**16**	**5**	**15**	**6**	**17**	**6**	**67**	**38**	**105**	**22**
1956 ...	...	...	...	...	2	3	...	4	7	..	11	2	9	4	29	13	42	9
1957 ...	...	...	...	...	...	1	4	2	7	1	9	1	7	2	27	7	34	7
1958 ...	1	...	...	...	2	4	1	2	4	1	4	...	7	3	19	10	29	6
1959 ...	...	...	...	...	...	...	1	...	4	1	5	3	5	1	15	5	20	4
1960 ...	...	...	...	**1**	...	**2**	**2**	...	**1**	.	**6**	...	**10**	**2**	**19**	**5**	**24**	**5**
Average 1956-60	...	...	...	...	1	2	2	2	5	1	7	1	8	2	22	8	30	6

Non-Respiratory Tuberculosis Notifications.

Year	Under 15 years		15–25 years		25–35 years		35–45 years		45–55 years		Over 55 years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1949 ...	22	18	12	22	7	14	3	9	5	4	4	11	53	78	131	27
1950 ...	22	23	14	15	8	10	2	6	3	6	2	3	51	63	114	23
Average 1946–50	28	22	12	20	8	10	2	7	4	4	4	7	58	70	128	27
1951 ...	12	16	7	13	3	6	3	2	3	5	3	8	31	50	81	17
1952 ...	12	15	13	13	6	10	6	2	6	7	2	8	45	55	100	21
1953 ...	11	13	8	16	9	15	9	5	5	5	6	8	48	62	110	23
1954 ...	13	14	9	12	7	8	3	6	1	3	...	8	33	51	84	18
1955 ...	9	5	2	17	7	11	4	6	2	5	7	5	31	49	80	17
Average 1951–55	**11**	**13**	**8**	**14**	**6**	**10**	**5**	**4**	**3**	**5**	**4**	**7**	**38**	**53**	**91**	**19**
1956 ...	3	3	5	13	3	7	6	5	3	5	5	5	25	38	63	13
1957 ...	1	1	5	15	3	10	..	4	.	1	4	6	13	37	50	11
1958 ...	3	3	3	6	5	7	3	3	3	5	2	9	19	33	52	11
1959 ...	2	2	4	7	3	8	2	6	2	6	2	8	15	37	52	11
1960 ...	**1**	**3**	**4**	**8**	**2**	**5**	**3**	**6**	**3**	**5**	**2**	**7**	**15**	**34**	**49**	**10**
Average 1956-60	2	2	4	10	3	7	3	5	2	1	3	7	17	36	53	11

Non-Respiratory Tuberculosis Deaths.

Year	Under 15 years		15–25 years		25–35 years		35–45 years		45–55 years		Over 55 years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1949 ...	1	2	1	3	1	2	...	1	3	1	1	5	7	14	21	4
1950 ...	2	5	1	2	1	...	1	2	2	1	4	1	11	11	22	5
Average 1946–50	7	8	2	3	2	2	1	2	3	1	3	3	18	19	37	8
1951 ...	1	7	...	...	...	...	3	...	1	1	2	1	7	9	16	3
1952 ...	...	2	...	2	1	1	2	...	2	1	1	6	6	12	18	4
1953 ...	2	...	...	...	...	...	2	1	2	1	1	2	7	4	11	2
1954 ...	...	...	...	...	...	1	1	1	2	...	1	1	4	3	7	1
1955 ...	...	1	1	...	...	1	...	1	...	...	1	3	2	6	8	2
Average 1951–55	1	2	1	1	1	1	1	1	1	1	2	2	5	7	12	2
1956 ...	...	...	1	...	...	...	1	1	...	...	1	4	3	5	8	2
1957 ...	1	...	...	...	...	..	..	..	1	.	...	1	2	1	3	1
1958 ...	1	...	...	...	1	...	...	...	...	...	1	3	3	3	6	1
1959 ...	...	...	...	...	1	...	...	...	...	1	...	1	1	2	3	1
1960 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Average 1956-60	...	...	...	...	...	...	...	...	...	...	...	2	2	2	4	1

Number of Persons in the City at 31st December, 1960, who were known to be suffering from Tuberculosis.

	Under 15 years	15–25 years	25–35 years	35–45 years	45–55 years	55–65 years	Over 65 years	Totals
RESPIRATORY								
Males	196	237	438	473	482	370	232	2,428
Females ...	163	315	659	478	249	134	89	2,087
Total ...	359	552	1,097	951	731	504	321	4,515
NON-RESPIRATORY								
Males	22	46	43	36	22	12	13	194
Females ...	29	51	78	54	48	29	27	316
Total ...	51	97	121	90	70	41	40	510

DISINFECTION

The following table shows the number of disinfections carried out by the department during 1960 :—

Disinfection of Premises Infected with Tubercle Bacillus.	TOTAL
Number of visits paid to houses and institutions (including visits paid to arrange a suitable time for disinfecting)	156
Number of rooms and wards disinfected by means of the formaldehyde process	326
Number of collections of soft goods (including mattresses, blankets) which were disinfected in steam chamber by means of steam under pressure or by formaldehyde vapour or by steam along with formaldehyde vapour ...	Nil*

* *All householders refused to allow bedding to be removed from the house for steam disinfection. In each case, bedding was left in the room during the whole process and every article of bedding was sprayed with liquid on both sides to ensure killing of bacillus. For technical reasons, it is difficult to carry out this procedure and every effort was made to discourage this practice.*

Disinfection of Goods following Infectious Diseases other than Tuberculosis.	
Number of collections of soft goods (including blankets and mattresses) which were disinfected in the steam chamber by means of steam under pressure or by formaldehyde vapour or by steam under pressure along with formaldehyde vapour	577

REHOUSING ON HEALTH GROUNDS.

There was no change during the year in the procedure for rehousing on health grounds. It will be remembered that the post-war housing programme included an arrangement whereby one in nine of all Corporation houses available for letting could be allocated to tuberculosis cases. With the declining trend of tuberculosis it would be surprising if this proportion of houses were ever required and the year 1960 was no exception with 58 houses made available for this kind of case. The urgency of the need for rehousing was indicated by a medical recommendation for a T.B. I or T.B. II priority and thereafter the cases were dealt with by the House-letting Department according to the date of the priority certificate or the date of discharge from hospital. A proportion of tuberculosis patients whose need was less urgent, including those with the non-pulmonary form of the disease, were awarded priority points and were dealt with in the same way as other medical conditions. Each point awarded is equivalent to a reduction of three months in the waiting time. Of the total of 27 tuberculosis cases awarded priority points, one was granted 1 point, five 2 points, twelve 3 points and nine 4 points.

The following table shows the number of tuberculosis families in each category rehoused during the year and the number still on the waiting list at the end of the year.

	T.B. I	T.B. II	Total
Rehoused	24	34	58
Waiting list at end of year	25	18	43

In order to provide for other serious medical conditions and disabilities, a Medical I priority can be awarded, although cases qualifying for this award have to be extremely carefully considered and restricted in number. The recommendation is usually made in respect of persons who may, because of their condition, endanger the health of others or whose own life is seriously handicapped by their present living conditions. These included permanent carriers of infectious disease, patients with a colostomy and various forms of paralysis or heart disease.

In addition, people wishing to exchange their house or Corporation tenants who desire a transfer to other accommodation may submit medical certificates in support of their request. These certificates are sent here by the House-letting Department for a medical opinion and, where it is considered that a change of house might alleviate the medical condition, a recommendation to that effect is made.

The total number of applications submitted during the year, other than those considered on account of tuberculosis, was 825, a decrease of 342. When 192 requests for transfer and 30 for exchange are excluded an analysis of the remaining 603 applications yields the following information.

Number of Applications	No priority	Medical I	Points recommended 1	2	3	4
603	262	17	161	104	33	26
	(43%)	(3%)	(28%)	(17%)	(5%)	(4%)

PORT HEALTH SUPERVISION

The medical inspection work at the Port of Leith was continued as in previous years, there being no alteration in the arrangements. Medical inspection of passengers in accordance with the provision of the Aliens Orders was carried out approximately weekly in the summer and at rather longer intervals in the winter. The vessels boarded as a routine were mainly the M.V. *Gullfoss* and the S. S. *Dryburgh* but visits to other vessels were of course required throughout the year. A few visits were also paid to Turnhouse Airport.

Shipping from infected ports did not cause much trouble as most had a " clean " Maritime Declaration of Health signed by the Master and were often outwith the incubation period of the suspected diseases.

On the 23rd March information was received that the M.V. *Baltistan* with a case of chickenpox on board was arriving at Leith Dock. The *Baltistan* berthed at 1-30 a.m. on 25th March and was boarded by medical officers from the Public Health Department. The diagnosis of the sick crew member was confirmed clinically as chickenpox and the patient removed to the City Infectious Diseases Hospital. Nevertheless as a precaution, all on board (13 officers, 50 men, 4 passengers) were examined and vaccinated against smallpox.

IMMUNISATION AND VACCINATION.

DIPHTHERIA IMMUNISATION.

During the year 1960 the Public Health Department received 7,308 notifications of complete primary immunisations compared with 6,885 notified in the previous year. The immunisations were carried out as follows :—

Child Welfare Clinics	2,465	(2,646)
General Practitioners	3,474	(2,892)
School Health Service	1,369	(1,347)
	7,308	(6,885)

(1959 *figures in brackets.*)

In addition to the primary immunisations, there were carried out 10,351 (11,117 in 1959) reinforcing injections of which 9,577 were done by the School Health Service.

It is estimated that at least 56 per cent. of all children under five years of age in the city have been fully protected against diphtheria. These figures relate only to children regarding whom full details of immunisation have been notified to the Public Health Department. It is known that a number of immunisations are not notified and in consequence the percentage of pre-school children protected will be higher than 56 per cent.

DIPHTHERIA IMMUNISATION SINCE 1931.

Year	Number Pro-tected	Non-Immunised Persons Notified	Immunised Persons Notified	Fatal Cases amongst the non-Immunised	Fatal Cases amongst the Immunised
1931 ...	560	881	20	28	...
1932 ...	776	659	3	27	...
1933 ...	1,940	594	12	21	...
1934 ...	3,362	533	13	26	1
1935 ...	3,856	306	2	16	...
1936 ...	2,717	368	6	26	...
1937 ...	3,440	611	11	43	...
1938 ...	4,038	569	31	43	1
1939 ...	2,075	338	23	29	...
1940 ...	1,429	743	6	61	...
1941 ...	52,386	417	29	28	...
1942 ...	11,065	406	74	29	2
1943 ...	4,927	317	105	14	1
1944 ...	5,872	226	80	12	...
1945 ...	11,550	213	149	11	2
1946 ...	6,773	110	62	10	...
1947 ...	6,071	40	10	2	...
1948 ...	11,273	9	5	1	...
1949 ...	9,093	6	1	...	...
1950 ...	7,130	2	...	...	...
1951 ...	7,463	...	...	...	...
1952 ...	6,563	...	1	...	...
1953 ...	6,564	1	...	1	...
1954 ...	6,432	...	...	...	...
1955 ...	6,507	1	...	...	...
1956 ...	6,303	1	...	...	...
1957 ...	5,791	...	...	...	...
1958 ...	6,681	...	...	...	...
1959 ...	6,885	...	...	...	...
1960 ...	7,308	...	...	...	...
	216,830	7,351	643	428	7

DIPHTHERIA IMMUNISATION—PROGRESS TABLE 1951-1960.

AGE	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	
Under 1 year	420	376	411	243	692	850	622	643	890	1,203	Number of notified immunisations of children under 5 years of age:— 21,052, *i.e.*, 56 per cent. of the pre-school population. The comparative percentages from 1951 onwards are:— 1951—57 per cent. 1952—58 ,, 1953—54 ,, 1954—54 ,, 1955—53 ,, 1956—52 ,, 1957—48 ,, 1958—51 ,, 1959—52 ,, 1960—56 ,,
1 year	3,948	3,566	3,494	2,872	3,418	3,043	3,146	3,947	3,512	3,475	
2 years	887	690	700	1,394	580	577	495	694	772	754	
3 ,, ...	252	272	286	283	198	186	154	206	182	223	
4 ,, ...	154	139	200	206	137	131	93	105	98	139	
5 ,, ...	507	564	552	467	409	485	334	149	307	401	
6 ,, ...	574	503	602	649	613	528	437	441	668	516	
7 ,, ...	91	58	79	62	112	90	52	98	97	177	
8 ,, ...	24	19	19	22	30	20	18	11	18	22	
9 ,, ...	18	18	8	23	15	8	17	10	21	35	
10 ,, ...	475	290	170	136	155	182	190	144	185	202	
11 ,, ...	52	33	30	27	41	23	57	25	68	58	
12 ,, ...	8	12	3	5	6	8	8	9	15	21	
13 ,, ...	6	7	1	3	6	5	5	2	4	7	
14 ,, ...	20	13	5	8	7	7	7	4	1	7	
15 ,, and over ...	27	3	4	32	88	160	156	193	47	68	
Totals ...	7,463	6,563	6,564	6,432	6,507	6,303	5,791	6,681	6,885	7,308	

WHOOPING COUGH VACCINATION

The following statistics are compiled from records received from general practitioners and child welfare clinics.

I. Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine during 1960 :

	Age at date of final injection			
	Under 5 years	5-9 years	10-14 years	Total under 15 years
(*a*) pertussis alone	3,005	17	4	3,026
(*b*) pertussis and diphtheria	525	10	–	535
(*c*) pertussis and diphtheria and tetanus	2,106	24	3	2,133
Totals	5,636	51	7	5,694

II. Number of children who have had a booster dose during 1960 :

	Age at date of final injection			
	Under 5 years	5-9 years	10-14 years	Total under 15 years
(*a*) pertussis alone	5	4	–	9
(*b*) pertussis and diphtheria	5	30	2	37
(*c*) pertussis and diphtheria and tetanus	21	112	14	147
Totals	31	146	16	193

PROTECTION AGAINST POLIOMYELITIS.

The number of persons vaccinated against poliomyelitis fell considerably compared with the years 1958 and 1959—a not unexpected development in view of the high percentage of children now protected with two injections. At the close of the year the number of children protected since the commencement of the scheme was 79% of the potential and of these 77% have also received a " booster " injection.

The position as regards young persons improved, although only 56% of this group have so far received primary protection—a disappointing figure in view o the efforts made to induce this group to accept vaccination. The scheme was extended on 1st February to cover persons up to 40 years of age and other specia groups over that age, but the response so far has been negligible. For the convenience of the older age groups, sixteen child welfare centres were used in the evening between 6 and 7-30 p.m. from the end of May to the end of July, four centres in different parts of the city being open each week in rotation during the period. In spite of considerable publicity the results were very disappointing only 1,612 injections being given at these special sessions (of which 1,172 were first injections). Owing to the fall in demand the Vaccination Centre at 221 High Street, which had been open daily for the past three years was closed on 18th July during week-days and is now open only on Saturday forenoons.

Excellent co-operation was again given by the general practitioners in the city who gave 48% of all anti-poliomyelitis injections during 1960.

The following tables show the number of vaccinations during the year—

Poliomyelitis Vaccination 1960.

	Primary Vaccination		Booster Vaccination
	1st Injection	2nd Injection	
Children born in years 1943–60 ...	6,903	6,801	11,724
Young Persons born in years 1933–42	5,455	5,774	15,488
Persons born before 1933 who have not passed their 40th birthday	5,078	4,182	2,127
Others (i.e. persons aged 40 or over, or persons whose age is not known)	669	593	1,117
Total	18,105	17,350	30,456
Number Immunised (all priorities) at—			
Child Welfare Centres (29)	4,516	4,197	5,699
Vaccination Centre, 221 High Street	1,656	2,398	6,577
Schools	200	211	1,151
Offices, Factories, Shops, etc.	3,202	2,006	1,673
By General Practitioners	8,531	8,538	15,356
Total	18,105	17,350	30,456

VACCINATION AGAINST SMALLPOX

The following tables give the number of vaccinations and re-vaccinations eported to the Public Health Department during 1960. These vaccinations ere carried out by general practitioners and at child welfare clinics.

Primary Vaccinations.

Year of Birth	Typical Vaccinia greatest at 7th–10th Day	Accelerated (Vaccinoid) Reaction 5th–7th Day	Greatest Reaction 2nd–3rd Day	No Local Reaction	Total
1960 ...	3,198	...	...	220	3,418
1959 ...	1,865	...	...	87	1,952
1958 ...	111	...	...	6	117
1957 ...	48	...	...	1	49
1956 ...	24	...	...	2	26
1955 or earlier	229	9	5	41	284
Totals ...	5,475 (6,114)	9 (15)	5 (22)	357 (266)	5,846 (6,417)

1959 *figures in brackets*

Re-Vaccinations

Typical Vaccinia greatest 7th–10th Day	Accelerated (Vaccinoid) Reaction 5th–7th Day	Greatest Reaction 2nd–3rd Day	No Local Reaction	Total
467	692	852	463	2,474

PERSONS PROCEEDING OVERSEAS

In addition to the immunisations and vaccinations aforementioned, facilities ere provided at the Vaccination Centre, 221 High Street, each Saturday forenoon for the protection of persons proceeding abroad by sea or air. These include ourses of inoculation against typhoid and paratyphoid fever, typhus, cholera, as ell as vaccination against smallpox and poliomyelitis. A total of 847 persons eceived this service and were given international certificates where necessary. number of travellers preferred inoculation or vaccination by their own doctors, nd vaccines were supplied to general practitioners on request.

The undernoted table gives a summary of the number of inoculations or vaccinations given at the Public Health Chambers or at 221 High Street, during the year :

	No. of inoculations or vaccinations
Smallpox	558
Typhus Fever	30
Cholera	347
Typhoid and Paratyphoid	446
Tetanus	101
Diphtheria	4
	1,486

SURVEY OF PROTECTIVE INOCULATIONS IN EDINBURGH CHILDREN BORN 1957 AND 1958.

The following is a summary of statistics prepared by Drs. M. E. Sturrock and W. N. Hood, Child Welfare Service, from their survey of protective inoculations in Edinburgh children born in 1957 and 1958 and remaining in Edinburgh. These figures were collected from the Notification of Births Register in which all protective inoculations have been recorded since January 1957. Any child reaching 1 year old, who has not a completed record of injections, is visited by the Health Visitor and the reasons noted.

In comparing the figures for the two years under review, there has been a decrease in 1958 of 4% in the number of children protected against smallpox and diphtheria, and an increase of 1% in those protected against whooping cough and of 7% in the case of poliomyelitis.

In diphtheria prophylaxis, a change in policy within the department to single as opposed to combined vaccines has resulted in an increase in the use of F.T. (formol toxoid) from 55% to 59% of diphtheria inoculations and a corresponding decrease in D.P.P. (diphtheria-pertussis-prophylactic) from 29% to 23%. It is good to note that despite the extra injections now required to be given, there is this 1% rise in whooping cough inoculations.

An encouraging feature in the Survey has been a fall from 12% in 1957 to 10·5% in 1958 in the number of children completely unprotected—added to this a check on the 1957 figure, as at 30-6-60, showed a drop of 2%. It is anticipated that in 6 months' time the 1958 figure may show a corresponding fall, possibly reaching single figures.

The over all picture appears to be satisfactory and it will be interesting to see in future reviews, at 6 monthly intervals, how far the number of completely unprotected children can be reduced.

	1957	1958
Total Live Births	7,695	7,708
Total Deaths	205	192
Total Removals	555	513
Remaining Edinburgh Children	6.935 (31/12/59)	7,003 (31/12/60)
Children who have received protective inoculation against :—		
Smallpox	5,724 83% including 11% not notified	5,556 79% including 9% not notified
Diphtheria	5,083 73% ,, 9% ,, ,,	4,838 69% ,, 9% ,, ,,
Whooping Cough	4,482 66% ,, 10% ,, ,,	4,665 67% ,, 9% ,, ,,
Tetanus	796 11%	875 12%
Poliomyelitis	5,302 68%	5.282 75%
Analysis of protective inoculations—		
Diphtheria		
(Diphtheria alone)	2,792 55% of total Diphtheria inoculations	2,891 59% of total Diphtheria inoculations
(Diphtheria-pertussis)	1,495 29% ,, ,, ,,	1.072 23% ,, ,, ,,
(Diphtheria-pertussis-tetanus)	796 16% ,, ,, ,,	875 18% ,, ,, ,,
Whooping Cough		
(Pertussis alone)	2,191 49% of total Whooping Cough inoculations	2,718 58% of total Whooping Cough inoculations
(Diphtheria-pertussis)	1,495 33% ,, ,, ,, ,,	1,072 23% ,, ,, ,, ,,
(Diphtheria-pertussis-tetanus)	796 18% ,, ,, ,, ,,	875 19% ,, ,, ,, ,,
Total Children remaining in Edinburgh still completely unprotected :—	847 (at 31/12/59) or 12% of total	738 (at 31/12/60) or 10·5% of total
For the unprotected children the following were the reasons given :—		
On grounds of Conscientious Objection	150 =18%	109 =15%
On account of illness	16 } = 4%	29 } = 6%
Postponed by parents to a later date	20 }	16 }
No specific reason	661 =78%	584 =79%
	847	738

CONTROL OF INFECTION.

INFECTIOUS DISEASES.

A total of 5,303 cases of infectious disease was notified in 1960, being an increase of 1,390 compared with 1959. These figures include tuberculosis notifications and, if this disease is excluded, the number is 4,994—an increase of 1,412 over the comparable figure for 1959. This increase is almost entirely due to measles and whooping cough. Of the individual diseases, the first four in order of magnitude were similar to last year, namely, measles, whooping cough, dysentery and primary pneumonia. There was one case of Weil's disease. Infectious hepatitis, although not notifiable, was prevalent throughout the city and caused the death of a girl of 14 years of age. Unfortunately too, poliomyelitis reappeared, one case being notified in December.

Of the more unusual diseases, there were three cases of brucellosis, all associated with certified milk from Jersey herds. It is perhaps not unreasonable for the public to expect the designation " Certified " to imply freedom from infection and not merely freedom from tuberculosis. There is something to be said for the pasteurisation of all milk until such time as dairy herds are free from brucellosis and other diseases transmissible to man. One case of psittacosis came to notice, a man whose occupation brought him into contact with birds which could have been carriers. Another not so common disease was disclosed by the death, due to endocarditis and concomitant with rat-bite fever, of a man who was exposed to the bites of rats in the course of his employment.

Deaths from notifiable disease (excluding pneumonia and tuberculosis) in 1960 totalled 10—all attributable to influenza, compared with 49 from influenza and one from measles in 1959.

Enteric Infections.

One case of typhoid fever was notified in 1960 as compared with two in the previous year. The patient was a girl of 11 years of age who had been on a caravanning holiday in France and became ill on her return to school in Edinburgh. She had not received T.A.B. vaccination before going abroad.

There were 7 cases of paratyphoid-B notified—the same number as in 1959. The first occurred in March in a female aged 22, the probable source of infection being her work as a technician in a bacteriological laboratory. In July three cases occurred in one family—husband aged 37, wife aged 23, daughter aged 13 months. The source of infection here was coconut as the type of organism was one which had only been isolated in this country from Ceylon desiccated coconut. Many samples of coconut and coconut products were submitted to the laboratory but paratyphoid organisms were not isolated. About the same time and due to the same type of organism, another case occurred in a girl of 4 years of age. Before the organism was typed, however, there were fears of a family carrier because this girl's brother had had paratyphoid-B six years previously but, as it eventually turned out, of a different type. The sixth case was a woman of 40 who was admitted to hospital in December, the diagnosis being made by means of a Widal reaction and the source of infection unknown. The seventh case (male aged 15 years) also occurred in December and the type was salmonella paratyphi-B Taunton. He was an apprentice baker and had contact with and access to Chinese egg products and Ceylon desiccated coconut. Many samples of these products and Moore's drain swabs failed to divulge any link with this case.

Food Poisoning

A total of 95 incidents was investigated by the department, involving 248 cases compared with 97 and 219 respectively in 1959. Cl. welchii was the cause in 50 cases (99 in 1959), salmonellæ in 73 cases (50), staphylococci in 5 cases (2), and in 120 cases the cause was unknown (68).

(*a*) Salmonellae.

In 1960 all the cases were sporadic. Of the types of salmonellæ,

49	cases were	due to	salm. typhi-murium,
14	,,	,,	salm. dublin,
3	,,	,,	salm. aberdeen,
2	,,	,,	salm. heidelberg,

and 1 case each due to salm. thompson, salm. enteriditis, salm. waycross, salm. worthington, while 1 case was not typed.

(*b*) Staphylococci.

There was one outbreak involving 5 cases due to staphylococcal food poisoning. On 1st February, notification was received that five members of a family had been admitted to the City Infectious Diseases Hospital on the evening of 31st January, suffering from suspected food poisoning. Following lunch taken at 3-30 p.m. that day, the 4-year-old girl had become ill at 5 p.m. with vomiting and diarrhœa ; the father and 15-year-old girl at 6-30 p.m. with similar symptoms ; the mother, and son aged 11 years, at 7-30 p.m. The two adults were the most seriously affected. All five were discharged from hospital on 6th February.

Their lunch at 3-30 p.m. on 31st January was : roast mutton, gravy, boiled potatoes, tinned peas ; jam sponge and custard. The sixth member of the family, who had eaten only the jam sponge and custard, was unaffected. Specimens of the roast mutton, gravy, potatoes, peas, and the empty tin which had contained the peas, were submitted for bacteriological examination. The tin and some of the peas were also examined by the City Analyst who reported that the tin was very well lacquered and free from corrosion, and he was unable to detect any harmful or poisonous substance. The University Bacteriology Department summarised their findings thus :—" A roast of mutton, gravy, scraps of meat, peas and potatoes from a dinner plate, and an empty tin of peas (Code No. 20 U.L.) were received by us for examination on 1.2.60. The tin of peas had previously been examined at the Bacteriology Department of the City Fever Hospital on 31.1.60.

From the washings of the empty tin of peas, a profuse and pure growth of a pathogenic staphylococcus (Phage Type 7/42B/54) was isolated on direct culture Two colonies of staphylococcus were present on direct culture of the mixture of peas, potatoes and meat scraps, and one colony present on culture of samples from the roast proved to be of this same Phage Type 7/42B/54.

Cultures of washings from the empty tin of peas carried out by the City Hospital Bacteriology Department on 31.1.60 also gave a profuse pure growth of pathogenic staphylococci. A subculture of this proved also to belong to Phage Type 7/42B/54. It is possible that this strain produces enterotoxin and could have been responsible for symptoms of food poisoning.

Four unopened tins of the same manufacturer's peas (three of Code No. 20 U.L. and one of Code No. 1 Q.N.L.) were examined for sterility. The tins appeared sound and the contents wholesome. No pathogenic staphylococci were isolated from any of these tins but from three (two Code No. 20 U.L. and one Code No. 1 Q.N.L.) a few colonies of non-pathogenic staphylococci were isolated on direct culture. The fourth tin was sterile.

No Cl. welchii and no organisms of the enteric or dysentery groups were isolated from any of the specimens."

The tin of peas was opened immediately before the meal, the contents emptied into a saucepan and warmed up.

(*c*) Cl. welchii.

There were three outbreaks attributable to Cl. welchii, involving 50 cases. An example of such an outbreak was that occurring in a bakery canteen. The personnel manager of the firm notified this department on 24th June that 42 members of the staff had been taken ill with gastro-enteritis during the night of 23rd/24th June. All those affected had taken lunch in the work's canteen between 12 noon and 1 p.m. on 23rd June. Symptoms were diarrhœa, abdominal pain and, in six cases, vomiting was also a symptom.

The factory was visited on the afternoon of 24th June and, pending investigation, all affected were taken off work involving the handling of bakery products.

The work's canteen supplied between 250 and 400 lunches each day, and a choice of menu was offered. On the 23rd June the menu was : split pea soup or tomato soup ; pickled beef or potted meat or fried pork sausages or mince or sausage rolls ; salad and vegetables ; jelly and custard or rice and apples or bread and sultana pudding.

It was established that every person affected had pickled beef which was the only item of food common to all 42 victims. Approximately 200 workers had taken pickled beef.

Reports on stool specimens showed that in four instances the culture yielded a profuse growth of heat-resistant Cl. welchii ; in two instances there was a moderate growth of heat-resistant Cl. welchii ; and in another two instances there was a scanty growth of heat-resistant Cl. welchii. In each case, pathogenic staphylococci were not isolated.

The remainder of the pickled beef was submitted for bacteriological examination and the following report received :—

"The meat smelt and appeared wholesome. Some slices had the normal pink colour of pickled meat ; some were brown.

Very numerous gram-positive bacilli were seen in films from macerated representative portions of the meat, and numerous Cl. welchii were obtained on culture.

Staph. aureus (Coagulase Test—POSITIVE) also present.

No organisms of Enteric or Dysentery groups isolated."

The source of the meat was as follows :—The animal was killed on Tuesday, 14th June. The brisket was boned-out and de-fatted on Friday, 17th June, and 32 lbs of meat were laid flat in a brine solution. On Monday, 20th June, an extra 13 lbs of meat were added to the pickle. That explained why some of the meat was pink-coloured and a smaller quantity brown in colour.

The meat was delivered to the canteen kitchen at about 1 p.m. on Tuesday the 21st. There were seven rolls with a total weight of 45 lb. The meat was placed in a gas boiler and cooked for approximately 3½ hours until 5 p.m. when it was removed from the boiler. It was allowed to cool at kitchen temperature for a short time, probably 45 minutes, but the cook was uncertain of this time.

The seven rolls of meat were stacked in pyramid fashion on a small tray. They were therefore in direct contact with each other. The tray was then placed in the refrigerator at about 6 p.m. on Tuesday, 21st June.

The refrigerator was of an old type but had recently had a new cooling unit fitted. On Wednesday the 22nd the refrigerator was defrosted and the meat removed during this process. The cook was uncertain as to how long the meat had been out of the refrigerator. It was returned to the refrigerator and kept there until Thursday morning, 23rd June, when it was sliced ready for serving.

The bacteriological reports, together with the clinical history, provided fairly conclusive evidence that the outbreak was due to infection by Cl. welchii present in the pickled beef at the time of service.

Cl. welchii were probably present in the pickled meat delivered to the kitchen. Some time after cooking, the surviving spores would have been given an opportunity to proliferate. The meat was stacked in pyramid fashion and it was probable that the centre roll was to some extent insulated by the outer rolls. The meat was removed from the refrigerator on Wednesday during defrosting and this could have been a vital factor. The fact that the refrigerator was of an old make and defrosting was needed on Wednesday raised doubts as to its efficiency on Tuesday night. It would seem reasonable, in the knowledge that only 42 persons were affected out of approximately 200 at risk, that only one roll of meat was responsible for this incident, probably the roll in the centre of the pyramid.

The trimmings from the pickled meat were used in the potted meat also on the menu but there was no evidence to incriminate the potted meat which was also eaten by the staff in the butcher's shop without sequelæ.

An interesting feature of this outbreak was the fact that, in a factory with a very large number of young employees, those affected were in the older age groups. Thus, of 42 persons affected three were under 20 years, seven were between 20 and 30, five between 30 and 40, six between 40 and 50, and eighteen between

50 and 60 years. One person was over 60, and the ages are not known in two instances.

It should be noted that a very high standard of hygiene was maintained in the kitchen and the equipment was generally of a high order.

(*d*) **Others.**

There were 19 outbreaks involving 100 cases and 20 sporadic cases where the cause was not established. One outbreak is worthy of reporting in detail. A bride telephoned on 12th October to report that a number of guests who had attended her wedding on the 8th October had developed symptoms of food poisoning.

A list of wedding guests was obtained, showing that a total of 59 had attended the wedding and that 29 were affected. The guests were from the areas shown below and the Medical Officers of Health concerned were informed :—

Area		*No. of Guests*	*No. Affected*
Edinburgh	...	34	19
Midlothian	...	20	8
East Lothian	...	1	1
Stirlingshire	...	2	1
Roxburghshire	...	2	0

The wedding meal was held in an Edinburgh restaurant which was visited and the menu perused. It appeared that the food supplied to the guests was also served to the other patrons on the same day and, as far as the manager was aware, there had been no complaints from any of his customers. The chef, assistant chef, manageress, and one of the kitchen staff had also eaten a similar meal and were unaffected. Specimens were obtained from these four employees and were found to be negative. There were no remnants of the meal left for sampling. The most likely source of infection might have been artificial cream but the particular batch used at the wedding meal was finished. A sample from another batch was taken and also a swab from the mixer used in preparing the cream but these were both found to be negative.

The wedding cake had not been supplied by the restaurant but had been made by a friend of the bride and taken to the restaurant. The Edinburgh guests were all visited and the only common factor among those affected was the wedding cake. Further, one couple who attended the wedding had also eaten some cake but the wife was affected while the husband, who had not taken the marzipan and sugar icing, was not affected. The majority of those affected had had diarrhœa, vomiting and colicky pains, the symptoms developing 36-40 hours after the meal. There was, however, an exception. The bride's mother-in-law fell ill four days after the wedding and it was found that she had been eating some wedding cake which she had brought home. Another friend in Stirlingshire, who had not been at the wedding, received a piece of wedding cake. She ate the marzipan and developed symptoms 10 hours later. Fortunately, none of the guests became very ill and all quickly recovered.

The baker of the cake was interviewed and enquiry made into the ingredients and method of baking. Nothing of significance was elicited ; the eggs had been fresh and the marzipan had been acquired ready-made. Stool from the baker was examined and found to be negative. Stool specimens from 15 of the 19 Edinburgh guests were also examined bacteriologically and virologically and found to be negative. Several samples of cake, icing and marzipan were similarly examined without any pathogen being demonstrated, and others were submitted for chemical analysis and found to be free from any substance of a harmful or poisonous nature. Although no cause for the outbreak had been demonstrated in the cake, the bride was advised not to use it but she chose to ignore this advice and sent out cake to 10 friends and, in four of these, symptoms of food poisoning occurred. Further investigations led nowhere.

Dysentery

In 1960 a total of 643 cases of dysentery was brought to the notice of this department, being a decrease of 88 from 1959. There were 318 males and 325 females, and the incidence was greatest in those aged under 15 years, the peak incidence being in those aged between 1 and 5 years. The pattern of seasonal incidence was again that of an endemic disease with epidemic peaks in winter. With the exception of 13 cases, all were due to shigella sonnei. Of these exceptions, 12 were due to shigella flexneri ; and of these, two members of a family were infected by sh. flexneri type 2 ; six cases were due to sh. flexneri type 3 (three of these may have been infected in the course of their employment and one was infected in the West of Scotland) ; one was of sh. flexneri type 4 ; and three were of flexneri type 6 (one of which came from the West of Scotland). One case, due to sh. boydi, was infected abroad.

Weil's Disease (Leptospirosis icterohæmorrhagica).

One case of this disease was notified, compared with two in 1959. Investigations suggested that this case (a six-year-old boy) was most probably infected through an abraded area on his hand whilst playing in a rat-infested part of the Water of Leith. Blood specimens taken from his companions were negative for leptospiral antibodies.

Scarlet Fever.

The number of notifications of scarlet fever fell by 12 to 243. There were 106 males and 137 females, and all but one were under 15 years of age.

Erysipelas.

Notifications of erysipelas numbered 51, two less than in 1959. There were 26 males and 25 females, and ages ranged from under one year to over 65 years.

Diphtheria.

Another year has passed without a case of diphtheria, making it four years since the last case in Edinburgh. Outbreaks in England during the year have shown that there is no room for complacency and that there must be no relaxation of efforts to maintain a high level of artificial active immunity in the population.

Whooping Cough.

Notifications rose from 600 in 1959 to 1,016 this year, an increase of 416 cases. Thus, 1960 could be regarded as an epidemic year. There were 494 males and 522 females and all but 21 cases were under the age of 15 years.

Influenzal Pneumonia.

Influenzal pneumonia notifications fell by 97 to 33, of whom 19 were males and 14 females. Twenty-four of the cases were over 45 years of age. There were 10 deaths attributed to influenza.

Primary Pneumonia.

Notifications decreased by 26 to 283, there being 158 males and 125 females. The age of least incidence was between 15 and 45 years.

Cerebro-Spinal Meningitis.

Five cases were notified, 3 males and 2 females, the total being the same as in 1959. All were under 15 years of age.

Virus Meningitis.

Although not notifiable, several cases of virus meningitis were reported and, where virological investigations were successful, the virus responsible was ECHO 9.

Measles.

The total number of notifications of measles (2,283), representing the first case occurring in a household, was 1,026 more than in 1959. The epidemic began in October and was still continuing unabated at the end of the year.

Poliomyelitis.

In November, a 2½-year-old boy was admitted to the Royal Hospital for Sick Children with a partially paralysed leg clinically suggestive of poliomyelitis. He had been immunised against poliomyelitis with three injections, the third being in December 1959. For months he had led a fairly sheltered life and had not been exposed to any apparent source of infection. Stool specimens from the patient and the rest of his family failed to demonstrate poliomyelitis or other entero-virus.

INFECTIOUS DISEASES

The following Table shows the number of Notifications for each Month of the Year 1960 :—

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
*Measles	15	11	17	23	70	109	196	159	134	258	517	774	2,283
Whooping Cough	2	6	6	43	123	177	152	147	79	119	67	95	1,016
Dysentery	21	72	92	61	67	52	57	32	23	41	46	79	643
Pneumonia, Acute Primary	30	46	40	23	9	16	15	12	5	23	18	46	283
Tuberculosis, Pulmonary	11	28	17	21	21	20	22	16	21	25	37	21	260
Food Poisoning	12	11	8	16	26	52	28	20	3	29	24	19	248
Scarlet Fever	28	27	15	10	16	17	11	22	12	33	34	18	243
Erysipelas	5	12	4	2	2	5	1	2	1	4	6	7	51
Tuberculosis, Non-Pulmonary	2	6	1	6	3	5	8	5	5	4	3	1	49
Pneumonia, Influenzal	6	1	3	2	4	...	1	1	1	2	3	9	33
Malaria	...	2	...	3	1	...	...	1	...	2	...	1	10
Paratyphoid B	...	...	1	...	...	1	3	...	...	...	...	2	7
Ophthalmia, Neonatorum	2	...	...	...	2	...	...	...	...	1	...	1	6
Puerperal Fever	...	...	2	2	...	...	2	...	...	...	...	...	6
Cerebro-spinal Fever	...	...	...	...	1	1	1	...	...	2	...	...	5
Puerperal Pyrexia	...	...	...	...	...	...	3	...	...	...	...	...	3
Jaundice, Acute Infective	...	...	...	...	...	...	...	...	1	...	...	...	1
Poliomyelitis, Acute	...	...	...	...	...	...	...	...	...	...	1	...	1
Typhoid Fever	...	...	...	...	...	...	...	...	1	...	...	...	1
†Chickenpox	18	13	13	15	6	9	23	19	9	15	11	3	154
Totals	152	235	219	227	351	464	523	436	295	558	767	1,076	5,303

* Only first case in household notifiable.
† Not notifiable.

INFECTIOUS DISEASES.

Return of Cases of Infectious Disease notified during the Year ended 31st December 1960.

DISEASE	Sex	Number of Cases Coming to the Knowledge of the Medical Officer of Health										
		At all Ages	Age Groups								Cases removed to hospital	Cases not removed to hospital
			Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards		
*Measles	M	1,182	60	1,089	30	2	...	...	1	...	191	991
	F	1,101	71	977	39	10	3	1	...	...	180	921
Whooping Cough ...	M	494	51	245	192	1	3	2	...	...	76	418
	F	522	72	255	180	5	7	1	2	...	91	431
Dysentery	M	318	41	142	65	17	14	14	18	7	86	232
	F	325	19	115	77	28	25	21	26	14	76	249
Pneumonia, Acute Primary	M	158	17	46	18	5	6	7	42	17	27	131
	F	125	10	26	17	3	4	11	32	22	21	104
Tuberculosis—Pulmonary	M	167	...	4	16	17	22	26	62	20	83	84
	F	93	1	4	19	18	15	18	14	4	47	46
Food Poisoning ...	M	111	3	11	23	15	23	12	19	5	14	97
	F	137	...	11	18	26	18	16	38	10	11	126
Scarlet Fever ...	M	106	...	53	50	2	1	...	...	...	35	71
	F	137	...	56	79	1	...	...	...	1	44	93
Erysipelas	M	26	1	...	1	...	1	3	12	8	9	17
	F	25	...	...	1	1	3	1	13	6	10	15
Tuberculosis—Non-Pulmonary	M	15	...	...	1	4	2	3	3	2	7	8
	F	34	...	...	3	8	5	6	8	4	14	20
Pneumonia—Acute-Influenzal	M	19	1	...	...	3	...	...	10	5	6	13
	F	14	...	...	1	1	2	1	3	6	2	12
Malaria	M	6	...	...	...	1	4	...	1	...	1	5
	F	4	...	...	...	1	2	...	1	...	...	4
Paratyphoid B ...	M	2	...	...	...	1	...	1	...	...	2	...
	F	5	...	2	...	2	...	1	...	...	5	...
Ophthalmia Neonatorum	M	4	4	...	...	...	...	...	...	...	...	4
	F	2	2	...	...	...	...	...	...	...	...	2
Puerperal Fever ...	M	...	...	...	...	...	...	...	...	...	...	...
	F	6	...	...	...	2	3	1	...	...	...	6
Cerebro-Spinal Fever	M	3	1	1	1	...	...	...	...	...	3	...
	F	2	...	2	...	...	...	...	...	...	2	...
Puerperal Pyrexia ...	M	...	...	...	...	...	...	...	...	...	...	...
	F	3	...	...	...	3	...	...	...	...	3	...
Jaundice—Acute Infective	M	1	...	...	1	...	...	...	...	...	1	..
	F	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis, Acute	M	1	...	1	...	...	...	...	...	...	1	...
	F	...	...	...	...	...	...	...	...	...	...	...
Typhoid Fever ...	M	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	1	...	...	...	...	...	1	...
†Chickenpox	M	85	7	57	15	2	3	...	1	...	70	15
	F	69	6	29	25	7	...	1	...	1	50	19
	M	2,698	186	1,649	413	70	79	68	169	64	612	2,086
	F	2,605	181	1,477	460	116	87	79	137	68	557	2,048
Total ...		5,303	367	3,126	873	186	166	147	306	132	1,169	4,134

* Only first case in household notifiable.

† Not notifiable.

Table showing certain Infectious Disease Notifications and Deaths in each Municipal Ward during the Year 1960.

No.	WARD	Scarlet Fever		*Measles		Whooping Cough		Dysentery		Acute Polio-myelitis		Pneu-monia Primary	
		Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
1	St Giles	4	...	157	...	28	...	27	...	...	...	11	Not available in this classification
2	Holyrood	8	...	109	...	17	...	29	...	...	...	11	
3	George Square	5	...	49	...	13	...	6	...	...	...	9	
4	Newington	8	...	53	...	9	...	15	...	...	...	8	
5	Liberton	31	...	98	...	107	...	96	...	...	...	23	
6	Morningside	...	...	20	...	10	...	7	...	...	...	3	
7	Merchiston	6	...	62	...	5	...	8	...	...	...	10	
8	Colinton	13	...	195	...	182	...	13	...	...	...	17	
9	Sighthill	8	...	67	...	30	...	15	...	...	...	6	
10	Gorgie-Dalry	11	...	119	...	13	...	5	...	...	...	3	
11	Corstorphine	4	...	38	...	13	...	5	...	...	...	1	
12	Murrayfield-Cramond	17	...	101	...	37	...	9	...	...	...	7	
13	Pilton	11	...	368	...	199	...	77	...	...	...	70	
14	St Bernard's	12	...	57	...	65	...	15	...	...	...	8	
15	St Andrew's	6	...	46	...	14	...	14	...	...	...	8	
16	Broughton	6	...	43	...	34	...	18	...	...	...	8	
17	Calton	11	...	44	...	31	...	18	...	...		6	
18	West Leith	8	...	76	...	34	...	23	...	...	...	10	
19	Central Leith	8	...	110	...	31	...	68	...	...	...	11	
20	South Leith	13	...	67	...	36	...	21	...	...	...	10	
21	Craigentinny	5	...	45	...	16	...	22	...	1	...	11	
22	Portobello	31	...	137	...	50	...	15	...	...	...	19	
23	Craigmillar	11	...	136	...	12	...	55	...	...	...	11	
	Institutions	6	...	86	...	30	...	62	...	...	...	2	
	Totals	243	...	2283	...	1016	...	643	...	1	...	283	

* Only first case in household notifiable.

Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 25 Years.

YEAR	SCARLET FEVER	*MEASLES	†WHOOPING COUGH	DYSENTERY	ACUTE POLIOMYELITIS	PNEUMONIA PRIMARY
1936	1,083	2,491	804	89	46	547
1937	1,680	1,508	1,425	109	5	433
1938	1,430	2,248	253	258	26	402
1939	734	678	1,521	348	7	408
1940	652	2,818	255	216	14	446
1941	1,070	1,123	1,365	237	28	448
1942	2,023	2,307	135	252	11	383
1943	1,598	1,723	775	419	6	304
1944	1,222	1,124	409	766	22	265
1945	1,029	2,920	494	752	1	245
1946	434	2,064	483	149	7	295
1947	310	1,403	790	69	151	288
1948	1,051	2,240	402	245	30	254
1949	1,183	1,392	760	277	27	272
1950	1,004	2,489	1,768	551	69	231
1951	451	2,009	2,385	966	41	231
1952	752	3,136	782	129	25	408
1953	619	1,703	2,048	652	61	343
1954	416	1,889	1,340	1,046	44	281
1955	195	1,053	624	1,034	40	278
1956	204	2,631	1,731	1,024	39	576
1957	126	1,284	1,153	912	7	617
1958	277	1,753	96	1,041	20	414
1959	255	1,257	600	731	—	309
1960	243	2,283	1,016	643	1	283

* **Measles.** Only first case in household notifiable.

† **Whooping Cough.** From 1933, only first case (under 5 years) in household notifiable
From 1950, notification extended to include all cases.

BACTERIOLOGICAL SERVICES.

The following statement is submitted by Professor Robert Cruickshank, Consultant Bacteriologist to the South-Eastern Regional Hospital Board, Scotland. It gives details of the examinations carried out for the Public Health Department and General Medical Practitioners in the City by the Bacteriology Department, University of Edinburgh, during 1960. The work recorded was under the charge of Dr. Helen A. Wright until her retirement on 30th September, 1960; since then the diagnostic services have been supervised by Dr. R. R. Gillies.

The total number of examinations (20,996) is slightly greater than in 1959 (20,691) and much of this increase was in the number of throat swabs examined; more than 32 per cent. of such swabs were found positive for hæmolytic streptococci compared with 28 and 25 per cent. in 1959 and 1958.

It is gratifying to note that practitioners continue to request examinations for *Myco. tuberculosis* and although only a small proportion (6·6 per cent.) are positive one must remember that these cases can now be rendered non-infective within a few months of diagnosis. Only by continuing the search for new cases can one reduce the reservoir of infection in the community.

The laboratory examinations for food-poisoning and dysentery are very similar in number to those in 1959 and, as always, represent much of the work of the laboratory. The absence of major outbreaks of food-poisoning during the year did not reduce the burden on public health officers or laboratory staff since there were many sporadic cases of Salmonella infection each of which had to be regarded as potentially epidemic and thus required intensive investigation. In addition, there were small unidentified outbreaks of food-poisoning which were possibly due to enterotoxin-producing clostridia or staphylococci. Examination of food stuffs and other materials for Salmonellæ has again revealed that imported bulk frozen eggs and dried egg albumen are a potential source of salmonella infection; imported desiccated coconut has similarly been incriminated in 1960. The eleven isolations of *S. paratyphi B* were made from 4 individuals; in spite of intensive examination of a possible source of infection this was not ascertained; no further cases were revealed by examination of contacts of the 4 excreters.

Bacillary dysentery, almost entirely due to *Sh. sonnei*, remains as an important continuing challenge to preventive medicine. Sonne strains can now be typed by determining the production of particular colicines (naturally occurring antibiotic agents) and thus can be tagged for epidemiologic purposes; it is evident that certain areas of the city have an endemic colicine-type which is fairly restricted in distribution. This finding is consonant with the view that Sonne dysentery is spread essentially by poor personal hygiene and only rarely by food stuffs. Sonne dysentery knows no social barrier as is evidenced by epidemics in private schools and family outbreaks in doctors' households. The special study with three general practitioners has continued; an analysis of the first two years results has recently been presented at a Symposium on Diarrhœal Diseases.

The routine examinations of water, milk and ice-cream samples have not produced any noteworthy findings; these statutory examinations may appear unrewarding but they remain as a continuing safe-guard to community health.

The investigations carried out in suspected virus infections are still numerically small but are slowly increasing. Reference may be made to an outbreak of aseptic meningitis due to ECHO type 9 in a children's residential home, which was fully investigated in conjunction with the staff of the City Health Department. No polio viruses were encountered during 1960. The new virology unit at the City Hospital will help to improve the facilities for diagnostic and epidemiological work in the respiratory virus infections.

			Positive	Tota
Swabs from throat, nose and ear examined for *C. diphtheriæ*			–	724
Swabs from throat and nose examined for hæmolytic streptococci and other pathogenic organisms			–	2,514
Hæmolytic streptococci			814	
Strains of hæmolytic streptococci " grouped "			–	2
Pernasal swabs for *H. pertussis*			5	43
Specimens examined for *Myco. tuberculosis*:				
by microscopical examination of the concentrated specimen				
Sputa			8	138
Pus and pleural fluids			–	9
Gastric lavage, fæces and urine, etc.			–	41
by cultivation (sputum and other specimens)			12	183
by animal inoculation (urine, gastric lavage, etc.)			–	39
Specimens for bacteriological examination:				
Urines			.	814
Sputa			.	284
Blood cultures			.	7
Pus and pleural fluids			.	362
Ear swabs			.	110
Swabs from newborn			.	22
Urethral and vaginal swabs			.	181
Miscellaneous			.	17
Tests for sensitivity of bacterial strains to:				
Aureomycin			.	1,255
Chloromycetin			.	1,256
Penicillin			.	1,250
Streptomycin			.	1,249
Sulphonamide			.	1,174
Neomycin			.	1
Polymyxin			.	65
Erythromycin			.	209
Furacin			.	83
Staphylococcal coagulase tests			344	508
Fæces and urine examined for organisms of the salmonella and dysentery groups and other pathogens			716	4,686
Sh. sonnei	538	(329)*		
Sh. flexneri	13†	(12)		
Sh. schmitzii	1	(1)		
Sh. boydii	1	(1)		
S. typhimurium	70	(46)		
S. dublin	22	(15)		
S. paratyphi B	11	(4)		
S. thompson	6	(3)		
S. heidelberg	6	(2)		
S. aberdeen	4	(4)		
S. stanley	4	(3)		
S. bareilly	1	(1)		
S. enteritidis var. jena	1	(1)		
S. montevideo	1	(1)		
S. weycross	2	(1)		
S. worthington	2	(1)		

		Positive	Total
Staphylococci	4		
Esch. coli	14 (14)		
"o" 26. 8			
"o" 55. 2			
"o" 111. 1			
"o" 127. 1			
"o" 128. 2			
Cl. welchii	15		

* Figures in brackets indicate number of cases.

† 6=serotype 3.
4=serotype 6.
2=serotype 2.
1=serotype 4.

Fæces examined for helminths and protozoa		8	87
Specimens of blood for Widal reaction (including agglutination test for *Br. abortus*)		.	47
Blood-clot cultures from specimens submitted for Widal reaction ...		–	30
Agglutination tests for *L. icterohæmorrhagiæ*		.	19
Agglutination tests for *L. canicola*		.	20
Agglutination tests for *L. pomona*		.	8
Agglutination tests for *L. bratislava*		.	6
Urine examined for leptospiræ		.	1
Paul-Bunnell tests for glandular fever		22	115
Blood film examined for Malaria		–	1
Serological tests for syphilis :			
Wassermann reactions		14	325
Flocculation tests :			
V.D.R.L. Cardiolipin test		23	524
Kahn method		2	13
Kahn " verification " test		14	63
General biologic reaction	4		
Complement fixation tests for gonococcal infection		10	134
Specimens of fæces cultivated for enteric viruses			91
ECHO virus Type 9		14	–
Sera examined for antibodies to enteric viruses			23
Sera examined for antibodies to respiratory viruses			1
Milk samples :			
Bacterial counts		.	213
Tests for coliform bacilli		.	512
Phosphatase tests		.	299
Examinations for blood		.	17
Turbidity tests		.	24
Tests for *Brucella abortus*		14	25
Examinations for organisms of the salmonella and dysentery groups		–	2
Total milk samples examined ...	552		
Ice cream samples :			
Bacterial counts		.	110
Tests for coliform bacilli		.	110
Total ice cream samples examined	110		
Water samples examined :			
Bacterial counts		.	98
Tests for coliform bacilli		.	316
Examination for pathogenic organisms		–	1
Total water samples examined ...	316		
Examination of eggs for pathogenic organisms (177 samples *) :			
Bacterial counts		.	24
Tests for coliform bacilli		.	24
Examined for pathogenic organisms		3†	153
Food samples :			
Examined for pathogenic organisms		41	300

* 105 from imported sources.

† 3 *S. thompson.*

Swabs from drains examined for organisms of the salmonella and dysentery groups :		
Sh. sonnei	1	7
Shell fish examined for organisms of the salmonella and dysentery groups	–	6
Esch. coli	–	3
Shell fish examined :		
Bacterial counts	.	1
Tests for coliform bacilli	.	2
Samples of bone-meal, compost and sheep manure examined for organisms of the salmonella group	–	7
Miscellaneous examinations	–	2
Black rats examined for plague infection	–	6
Total		20,996

DEPARTMENT OF VENEREAL DISEASE.

REPORT BY THE PHYSICIAN-IN-CHARGE.

Incidence of Venereal Disease.—The number of new patients was 3,051 and the table below indicates their classification by diseases and compares them with 1959.

	New Cases 1959			New Cases 1960		
	Male	Female	Total	Male	Female	Total
Syphilis	34	35	69	58	45	103
Gonorrhoea	516	187	703	352	158	510
Non-Specific	605	947	1,552	675	902	1,577
Non-Venereal	499	205	704	512	349	861
Totals	1,654	1,374	3,028	1,597	1,454	3,051

Syphilis.—One year ago I wrote that syphilis was a disappearing disease, but in 1960 there was a marked increase in early contagious cases (21 cases). Two sources account for the greater part of this increase, the first being a soldier who infected a woman in Fife, and she in turn led to the infection of 5 individuals. The second source was a group of male homosexuals ; the infection was probably introduced to Edinburgh by a man who came from London and spent some weeks here. It is probable that we did not trace several contacts as homosexuals are very secretive on this subject. One man, a University graduate, had at least three consorts in different parts of the country and he stated that he would warn them to undergo medical examination, but we have no evidence that they complied. One prostitute, whose name and description is known, came to the Edinburgh area from the Southampton area. She was responsible, we think, for three infections while in Edinburgh, and a colleague states that she is suspected of nine infections in the South of England. But so far she has not been traced, examined or treated. A number of the early syphilis cases were infected abroad.

Late syphilis is still being discovered during routine medical work and many such cases have been seen in the general wards of other hospitals and in mental hospitals. There were 13 cardiovascular, 34 neurological and 30 late or latent cases of syphilis at the various clinics.

Congenital syphilis continues to decline and in 1960 there was one case under 1 year of age and the remainder of the 15 diagnosed were over the age of 14 years, 12 being aged 25 years or older.

Gonorrhoea.—There has been a considerable reduction in both male and female cases as seen in Table I. The fall was 164 male and 29 female cases—a total reduction of 193. This is very satisfactory, and as there is not an obvious change in the habits of the population it might be concluded that methods of treatment, which have been improved, and the constant search for " contacts " and " sources " has had some success.

Laboratory studies have confirmed the gradual increase of strains of gonococcus which are resistant to penicillin and streptomycin, some being almost completely resistant. In other individuals the organism has been discovered though the patient had no symptoms or obvious signs. Accordingly the routine treatment was altered to give a higher total dosage as well as greater intensity of treatment. In a few instances, notably in seafarers infected abroad, large doses of drugs of the tetracycline group were necessary to produce cure.

A few cases of ophthalmia neonatorum due to gonorrhœa were diagnosed and treated successfully. All these babies had been delivered in maternity hospitals. No damage to sight occurred, but such cases indicate the necessity for continued search for infection in the ante-natal period and fastidious attention to the care of the babies' eyes as soon as possible after birth.

Non-Specific Urethritis (Male).—This continues to be a major problem and no contribution to our knowledge of diagnosis or treatment has clarified the problem appreciably. The number of such cases is greater than the incidence of gonorrhœa in males (474 : 445) in this region. We have had increased success in the diagnosis and treatment of trichomonal infections in males.

Trichomonas Vaginalis.—An increased interest in disease due to this parasite has followed improved methods of diagnosis by culture and also the discovery of an effective specific drug by Messrs May & Baker. During the year members of our medical staff (especially Dr. Murrell and Dr. Scott-Gray) have been active in research on this subject and shared in the trials of the drug " Flagyl " before it was released for sale. The staff of Messrs May & Baker have been very generous and helpful during these studies, and we feel that a valuable contribution to treatment has been made.

We emphasise that infestation with this parasite, Trichomonas Vaginalis, is not a " venereal disease " but it is very frequently transmitted by sexual contact. It often infects husband and wife and it may be passed by indirect means to female children. The epidemiology of this disease is being studied, as is the relation between this parasite and some manifestations of disease in men and women. The apparent cure rate with one week's treatment seems to be about 75 per cent. and efforts are being made to find the reasons for failure and to secure 100 per cent. cure rate.

Social Aspects.

Continued and increased attention has been given to all the social aspects of the venereal diseases with the object of securing complete cure, rehabilitating the patient, preventing repeated infection and discovering the latent sources of infection in the community. In many instances the sociological problems are much more difficult than the medical aspects.

Sources of infection.

Males.—In a group of 1,032 males it was found that—

574 (56%) were infected in Edinburgh and district.
269 (26%) were infected elsewhere in Britain.
189 (18%) were infected outside Britain.

of 1,424 men

383 (27%) were infected by prostitutes.
221 (15%) were marital infections.
820 (58%) were infected by "amateurs" (defined for this purpose as irregular consorts without cash inducement).

A small number of men were infected by male homosexuals.

Females.—Of a group of 542 women we classified 66 (12%) prostitutes, 295 (56%) were "amateurs" and in 181 (32%) the infection was marital. A group of 397 women contracted their infections, geographically, as follows—

Edinburgh and area	287 (72%)
Elsewhere in Britain	107 (27%)
Overseas	3 (1%)

The age of many of the patients indicates little change in the pattern of morality of the adolescent and young adult sections of the community. Our records show that there were 80 girls of age 16 years or less, and five boys of the same age group. This sex disparity is partly explained as many of the girls are sent from Remand Homes or by the Courts and Probation Officers. A few of the girls have been the victims of sexual assault but of this group of 80 the great majority have had frequent sexual intercourse with one or several partners.

In the age group 17 to 21 years, there were 189 women. This is, of course, the age of maximum sexual activity, and it causes no surprise to find a large number in this age group.

The number of venereal infections is not a completely reliable indicator of sexual habits, though it may fairly be regarded as an index of sexual promiscuity.

There is a considerable amount of evidence that alcohol plays quite a part in favouring sexual promiscuity, the usual programme for many young people being a session of drinking followed by a visit to a dance hall, a " pick-up," then sexual intercourse. The partner in these affairs is a casual acquaintance, and our efforts to trace such consorts are often futile as the patients can only give a very vague description.

Prostitution still plays a considerable part in the spread of venereal disease, especially syphilis, and it is very difficult to trace the nomadic prostitute such as " Scotch Helen " who infected nine men in Southampton and three in Edinburgh. Good work by medical and social workers appears to have traced the cases of early syphilis (seven in all) which followed the visit to Fife of a soldier on leave. He was eventually traced and it was established that he was under treatment for his disease in a military establishment. While on leave he cohabited with one girl. After he left she had many sexual affairs which resulted in the infection of three men and also another woman who resides in the same house and who also infected a man. The latter had another girl-friend but she escaped infection. The soldier's girl-friend had, at least, three other male contacts who escaped infection. No cases from this source have been detected in the last six months so it is possible that this little local " epidemic " has stopped. But there may have been missed cases—those who had minor symptoms or signs, or who received a small dose of penicillin for some trivial illness, enough to mask but not cure the incubating syphilis.

Our report for 1959 which commented on the social and sexual habits of a section of the population aroused much interest and this was followed by active co-operation with many individuals, societies and organisations interested in the welfare of youth. Such efforts are bound to have valuable effects, though it may be difficult or impossible to assess their worth, and the effects may be evident after several years. Certainly there is nothing but good likely to result from increased public awareness of the problem.

THE DOMICILIARY SERVICES.

HOME NURSING SERVICE.

During the year the district nursing service has continued to make satisfactory progress and the staff have endeavoured to maintain the high tradition of district nursing when taking comfort and succour to patients in their own homes.

Over the year the staff paid 306,003 visits to 8,743 patients. Of these, 199,241 visits were paid to 3,673 new patients over 65 years of age,—2,569 females and 1,104 male patients. For a number of years visits for injection therapy mounted rapidly, but this work is now falling off a little. More visits are now paid to patients requiring general nursing care and there is a tendency for a less rapid turn-over of cases, largely in the older age group, which may take up to 80 per cent. of the nurses' time. The illness or disability of the patient does not finish with nursing care. Much is now done by the nurse to rehabilitate the patient into the community; it is so essential to instil a sense of confidence in older patients, and to teach them to become self reliant again as far as possible.

Many visits are paid twice and sometimes thrice daily, and the late evening visits between the hours of 6-30 p.m. and midnight continue to increase. 5,000 evening visits were paid during the year. These visits were to patients requiring urgent treatment and to the very ill in need of general nursing and late night injections.

Several patients prefer to call at the Central Home, Castle Terrace, for their treatment before or after work. Most of these patients are receiving chemotherapy treatment.

11,745 tuberculosis visits were paid during the year and it is very gratifying to note the downward trend since 1954, when 65,000 visits were paid by the nurses to tuberculous patients.

Although the tuberculosis visits have dropped considerably, there is an increasing number of visits paid to patients suffering from cancer.

At Sighthill Health Centre the treatment rooms continued to function satisfactorily on the same basis as in previous years. The total attendances at the Centre for treatment during the year were 7,578.

There is a constant demand on the services of the four male district nurses. Their work and co-operation have been so much appreciated by the general practitioners that increasing demands are made on their services. It is hoped to augment the male staff at an early date, but recruitment is admittedly difficult.

During the year several visitors from abroad, also medical and nursing students from the Edinburgh Training Schools, have come to observe the practical nursing and administration of the district nursing service.

Several talks were given to clubs and guilds, mainly on home nursing and the work of the district nurse in general.

During the year two cars were provided for the Fairmilehead-Morningside and Blackford areas, and authority has been given for another one for the Portobello-Joppa area. The work is now done more quickly and efficiently since these districts have been mechanised.

Maximum use is made of all statutory and voluntary services by the nurses and the valuable help and co-operation received from the various services have been vital links in helping the staff to achieve the health, happiness and well-being of their patients.

NEW DISTRICT NURSE TRAINING.

This year was an important one in the history of district nursing. For the first time after many years of campaigning, District Nurse Training became officially recognised by the Ministry of Health. The training of the Queen's Nursing Sister has now been reduced to three months for the general and midwifery trained nurse, and to four months for nurses with only their general training, instead of four and six months respectively.

The Queen's Institute have received the Secretary of State for Scotland's approval to adopt this new Shorter District Nurse Training Course, which will begin on 1st January, 1961. All nurses taking this course will now be working on a 50 per cent. student and 50 per cent. district nursing basis.

It is hoped that by gaining official recognition of the training, more nurses will come forward to take the Course and so produce more qualified staff to ensure that the high standard of nursing by the Queen's Nursing Sisters will be maintained and available for patients in their own homes.

HOME NURSING—CITY OF EDINBURGH.

Patients attended by the Queen's Institute of District Nursing during 1960.

District	Staff (Average)	Patients								Ante-Natal Visits	Tuber-culosis Visits	Total all Visits
		Medical		Surgical		Maternity		Total				
		New	Old	New	Old	New	Old	New	Old			
Central Training Home ...	See below	3,815	1,314	554	107	130	4	4,499	1,425	1,554	7,258	232,135
Davidson's Mains	1	88	29	21	4	—	—	109	33	—	18	5,054
Blackhall	1	82	34	23	2	—	—	105	36	—	350	5,564
Colinton	1	151	24	23	1	—	—	174	25	—	639	4,239
Corstorphine	1	154	24	26	5	—	—	180	29	—	101	4,763
Duddingston and Craigmillar ...	1½	268	56	28	3	—	—	296	59	—	1,151	10,570
Liberton and Gilmerton ...	2½	404	72	47	3	—	—	451	75	—	1,453	14,672
Niddrie	1	55	19	29	2	—	—	84	21	—	—	2,831
Portobello	2	366	62	38	9	—	—	404	71	—	69	9,538
Southfield	1	65	22	9	2	—	—	74	24	—	179	3,767
Sighthill	1	159	26	25	3	—	—	184	29	—	88	4,264
Wardie and Granton	2½	258	53	37	8	—	—	295	61	—	439	8,606
Totals	15½	5,865	1,735	860	149	130	4	6,855	1,888	1,554	11,745	306,003

Administrative Staff :—
1 Superintendent.
5 Assistant Superintendents.
2 Clerical Staff.

Nursing Staff :—
34 Queen's Nurses (Full-time).
5 Queen's Nurses (Part-time).
2 Non-Queen's Nurses (Full-time).
12 Non-Queen's Nurses (Part-time).
33 Candidates.
2 Pupil Midwives.

T=Transfers.

HOME NURSING EQUIPMENT

Issue of Home Nursing Equipment during 1960

	Total No. Issued	Issued and Returned	Still on Loan
Air Rings	205	137	68
Bed Pans	247	146	101
Bed Cages	80	41	39
Bedsteads	18	6	12
Bed Rests	98	66	32
Blankets	31	2	29
Fracture Boards (Sets) ...	148	36	112
Mattresses	31	12	19
Mattress Covers	14	7	7
Pillows	10	2	8
Pillow Cases	12	4	8
Rubber Sheets	218	134	84
Sheets	48	2	46
Urinals	98	57	41
Wheel Chairs	26	11	15
Walking Sticks (Tripod) ...	24	11	13
Miscellaneous	26	16	10
	1,334	690	644

Total No. of persons issued with Home Nursing Equipment in 1960	927*
The cost of purchasing new equipment and of repairs and laundering	£1,006

* Decrease of 43 patients assisted as compared with 1959.

HOME HELP SERVICE.

Few will deny the truth of a recent statement that the introduction of the modern home help service was one of the greatest advances in public health of recent times. It is indeed doubtful if a small section of any Act has ever done so much to ease the burden of so many people in different walks of life as Section 28 of the National Health Service (Scot.) Act, 1947.

The year began with a staff of home helps to the number of 240, of whom some 47 were full-time and 193 part-time workers. During the year 89 helps resigned owing to retirement, illness, home circumstances, or change of employment, and 99 were recruited. In response to press advertisements and other sources, 185 applications were made for employment in the service. As at 31st December this year, the staff consisted of 41 full-time and 205 part-time helps.

Assistance was given during the year to 1,596 cases, of which 464 were maternity cases, 6 tuberculosis and 1,122 general cases, including acute and chronic illness and the elderly. Of the general cases, 115 were applicants over 65 years of age. Most of these elderly patients receive long-term help and a few get, in addition, weekend assistance if no relative or friend is available. There were also 4 cases of the special category of difficult families to which reference was made in last year's report.

The male home help has again proved helpful in giving assistance to chronic sick male patients, and he also gives weekend assistance to one of these, a bed-ridden man.

There were very few requests for night sitters, and, in fact, those cases for which this service was requested were either removed to hospital or else died before the night sitters began their duties in these households. In other words, the requests were made when the patients' illnesses were very far advanced.

One cleaner was employed to scrub and tidy up houses in cases where the patients had been unable to attend to their ordinary domestic duties by reason of illness or old age. This cleaning is usually carried out before the home help begins her duties in such households.

The two home help visitors made 4,465 supervisory visits to homes receiving assistance.

New charges for the services of home helps came into operation on 1st October. The cost for a full-time service was raised from £5, 10s., a sum fixed in 1952, to £7, 10s., for a part-time service from £2, 15s. to £4, 5s., while for shorter periods the charge was fixed at 3s. 6d. per hour. In the same month the home helps' hours were reduced from 44 to 42 per week for a full-time worker. While this is so, every effort is made to accommodate the working hours of the home helps to the special needs of the recipients.

The laundry service for the elderly has been functioning at the Disinfecting Station, High School Yards, since March, 1959. As a Health Committee service it provides mainly for elderly persons receiving the assistance of home helps where the washing facilities are inadequate or the household laundry is especially heavy. Soiled articles are taken to the laundry by the home helps concerned where they are washed and ironed by a member of the home help service. Where necessary, laundry from patients living in outlying districts is brought in by one of the department's motor vans. The service is functioning very satisfactorily but is handicapped by lack of space and active consideration is being given to alternative premises where facilities could be extended. In the course of the year, 1,984 bags of laundry were washed and ironed, and 40 new cases taken on.

ALMONER.

Since the publication of the now familiar Younghusband Report in 1959 and to which reference was made in last year's report, there have been considerable activity and many discussions on the relationship between social workers and health visitors and gradually a clearer picture is emerging regarding the functions of these two groups of workers in the medico-social field. In Edinburgh, we have been singularly fortunate in having a mutual understanding over the years between the almoner and the health visitor service. The daily contact made has contributed much to this happy atmosphere and the two sections of the public health service have worked harmoniously and as complements to each other.

In the course of the year 534 cases were referred to the almoner. Of these, 193 came as direct referrals from family doctors, 92 from the health visitor staff, 124 on the initiative of the applicants themselves, while the remainder were referred from almoner colleagues in the hospital service, from voluntary agencies and other miscellaneous sources. It is obvious that a steadily increasing demand is made on the almoner's help over the years. Visiting patients in their own homes is becoming a more conspicuous part of her activities but this, of course, involves travelling time, and means are at present being discussed as to how best the almoner's work can be adequately and satisfactorily undertaken.

Table I on page 150 shows the various sources of referral of cases over the past five years, while Table II shows, for a similar period, the work done in assessment of charges. From this latter table it is evident that the problem of assessments is becoming increasingly burdensome.

MATERNITY AND NURSING HOMES.

Two nursing homes had their registrations cancelled during the year on the retiral of the owners and one new nursing home was provisionally registered for a small number of patients on the ground flat until the external fire escapes were completed when full registration will be granted. The number of registered nursing homes at the end of the year therefore stood at 25. No changes occurred in the two registered maternity homes.

NURSING AGENCIES.

The licence of the sole nursing agency in the city was renewed in December. The decline over the years in the number of such agencies is a reflection of the increasing difficulty in securing trained nurses and midwives willing to undertake private work.

SIGHTHILL HEALTH CENTRE.

During the Centre's seventh year of activity, the number of professional visitors continued unabated. They came from no less than 34 overseas countries as well as from all over the United Kingdom.

General Medical Service.

The number of family doctors practising from the Centre remained at eleven. The distribution of these doctors within the centre is as follows :—one partnership of four doctors, one of three, one of two, and two doctors practise on their own. The number of patients on the eleven doctors' lists increased from 17,553 last year to 17,632 this year.

TABLE I. SOURCES OF REFERRAL TO AND HOME VISITS BY ALMONER.

Year	Total No. Cases	Sources of Referral							Home Visits paid by Almoner
		Family Doctors	Health Visitors	District Nurses	Almoners	Direct Approach	Voluntary Agencies	Miscell-aneous	
1956	461	161	140	23	14	86	37	—	184
1957	443	195	103	13	15	50	16	51	219
1958	464	202	108	13	14	74	6	47	255
1959	479	176	89	—	26	137	8	43	174
1960	534	193	92	6	28	124	7	84	222

TABLE II. ASSESSMENT OF CHARGES.

Year	Home Helps	Residential Nurseries	Day Nurseries	Hire of Fireguards	Totals
1956	744	459	484	12	1,699
1957	682	506	504	7	1,699
1958	680	528	450	11	1,669
1959	775	556	508	1	1,840
1960	989	593	506	4	2,092

The consultative psychiatric clinic was used to an increasing extent during the year both for out-patient and follow-up work and has facilitated the earlier discharge of patients from hospital. Three psychiatrists are in attendance at these consultative sessions.

General Dental Service.

One dental surgeon and a chairside assistant operate at the Centre six days weekly, including a late evening session. An oral surgeon attends once every month and twelve cases of special surgical difficulty were referred to him for advice and treatment.

Pharmaceutical Service.

There was a slight increase during the year in the number of prescriptions dispensed, the figure being 18,308 compared with 17,930 last year. The number of clinical tests was also increased, evidence of greater appreciation of the value of and facilities offered for, such investigations. The sterile syringe service, operated from the Centre first in 1954 in connection with the local health authority's triple antigen trial, supplied the necessary syringes for the family doctors at the centre, for the local authority's poliomyelitis vaccination campaign, and, since June 1959, for the Family Doctor Centre, Livingstone House, Candlemaker Row.

Local Health Authority Services.

Probably the most notable event this year was the launching of an experiment in regionalisation, with an assistant medical officer and the regional health visitors being based on the centre. Dr. Margaret Langton, an assistant medical officer, was transferred with responsibility for the region on 1st January, for the child welfare, school health and general public health services in the Sighthill area. This experiment has worked extremely well although it must be admitted that communication difficulties exist.

No changes fall to be recorded in the child welfare and school health services operated at the Centre. The uptake of welfare foods showed a further decline as regards cod liver oil compound and concentrated orange juice, but a slight rise in national dried milk.

The children's playground was well attended and the two afternoon sessions held each week to enable mothers to attend doctors' or dentists' surgeries or the physiotherapy department were much appreciated.

The consultants from the Regional Hospital Board who attend the Centre for consultations on orthodontic and oral surgery cases continued to see and advise on children referred through the school dental service. Photography has been introduced in order to improve the records of the orthodontic cases. The coloured slides thus produced have been found most useful in explaining treatment to parents.

Miscellaneous

The volume of work undertaken in the physiotherapy department has been heavy throughout the year. The bi-weekly evening sessions have been most convenient for many patients, while the special group treatment classes—ante-natal, children's feet, breathing, posture, etc.—continued as in previous years.

The Sighthill Ward Health and Welfare Association's mental health sub-committee inaugurated an occupational therapy group in January. This group of discharged mental hospital patients meet weekly and are under the care of an occupational therapist who gives her time voluntarily to the work, the patients being referred from the doctors in the Centre. This new activity can now be added to the list of other groups operating in the Centre and to which reference was made in last year's report.

Thus the scope and activity of the Centre are constantly expanding and the regionalisation of the local health authority services is a step in the direction of further integration of the medical services both of the centre and of the district.

MENTAL HEALTH SERVICES.

During the transitional period between the introduction of the new Mental Health (Scotland) Act 1960 and the gradual replacement of the old Acts, the need for co-ordination in this work was met by the setting up of a Medical Co-ordinating Advisory Committee, to which reference is made below.

Working Party Report.

The working party which was set up in 1957 to consider the problems associated with the co-ordinated development of the Mental Health Services in the city, completed its report in 1959. This report, in many ways, anticipated the essential features of the new Act and was presented in 1960 for the approval of the three representative bodies, namely the Corporation, Local Executive Council and the Regional Hospital Board. It is now the blue print for further progress in the city and the basis for a friendly and co-operative attack on the problems which will appear with the new legislation. Such a tripartite partnership not only augurs well for the future but may prove fundamental to a new approach in the general medical field.

For too long the three edifices set up under the National Health Service Act, 1948 have lacked appreciation of the work undertaken by the other sections and failed to realise that both prevention and treatment are the handmaidens of a true National Health Service.

One of the major recommendations of this report was the setting up of a Medical Co-ordinating Advisory Committee to "advise on the development of a unified Mental Health Service and on research and education of the public in mental health matters". This committee was established and held its first meeting in November 1960. The Committee consisted of the Physician Superintendents of the Mental Hospitals serving the city; the Child Psychiatrist; the Physician Superintendent for Gogarburn Mental Deficiency Hospital; the Professor of Psychological Medicine to Edinburgh University; the Senior Administrative Medical Officer to the South-Eastern Regional Hospital Board; 3 general practitioners representing the Edinburgh Executive Council; and representing the Corporation, the Medical Officer of Health and the Senior Medical Officer for Mental Health Services. The meetings are held regularly and will consider the ways and means of implementing the remaining recommendations of the Working Party, including :—

(1) The provision of a Mental Health Centre as a central point for information on Mental Health Service matters.

(2) Increased facilities for post graduate medical education in psychiatry and training of ancillary workers in mental health.

(3) An expansion of day hospital accommodation, in connection with mental hospitals, geriatric hospitals and general hospitals (for psychiatric and psychosomatic cases).

(4) Development of Social Clubs.
(5) The provision of Hostel accommodation.
(6) An out-patient clinic, staffed jointly by the Corporation and the Regional Hospital Board, to cater for mental defectives in the community.
(7) The establishment of sheltered employment for mental defectives unable to undertake open employment.

This co-ordinating Advisory Committee has established itself on a frank and friendly spirit and is a token of an interesting and, we hope, fruitful fulfillment of the high ideals implicit in the new Act.

MENTAL ILLNESS.

The number of applications for certification during 1960 was 265, a drop of 23 when compared with the previous year's figures. Although this represents a drop of 8%, the total decrease was in female certifications, the number of male patients actually increasing by 1. The proportion of male patients certified was 34% against the percentages for the last four years which were 29, 38, 40 and 41 respectively.

The age groups for those certified were as follows :—

Table I

Mental Illness—Certifications

Ages	Males		Females		Total	
	1959	1960	1959	1960	1959	1960
Under 16 years	—	—	—	—	—	—
16–19 ,, ...	1	1	2	2	3	3
20–29 ,, ...	13	6	15	10	28	16
30–39 ,, ...	4	10	21	10	25	20
40–49 ,, ...	6	8	17	24	23	32
50–59 ,, ...	11	7	21	29	32	36
60–69 ,, ...	11	12	33	20	44	32
70–79 ,, ...	18	13	36	31	54	44
80 years and over ...	7	15	28	23	35	38
TOTAL	71	72	173	149	244	221
Not Certified and Withdrawn ...	13	17	31	27	44	44
Total No. of Applications ...	84	89	204	176	288	265

The number of patients boarded out was 11. It is interesting to note that 54% males and 50% females were over 60 years of age in contrast to 15% and 40% respectively of the total for 1959. It is likely that the percentage of elderly certified patients will drop when the new Act is in force as a proportion of these patients, while not unwilling to enter a mental hospital, were too confused to give their assent to enter as voluntary patients. These patients in 1961 should be able to enter without any formality.

Care and After-care.

With new legislation emphasising the importance of community care, the supportive measures to be undertaken by the local authority will depend largely on the efficacy of its care and after-care services. If there is an efficient and comprehensive care and after-care service the problems associated with mental health and mental illness will be tackled constructively and with more understanding and the re-admission rate to hospital, which is still very high (36%), should be reduced, and above all the patient should get the support he may so desperately need when he is attempting to return to the strains and stresses of modern society.

In September 1959 in-service training for health visitors was commenced at the Royal Edinburgh Hospital for Mental Disorders, West House, and details were given in the Annual Report for that year. This scheme has now been extended and at the end of 1960 just over 50% of the all-purpose health visitors had received training at the three mental hospitals serving the city, and in addition eight health visitors attended a course at the Mental Deficiency Hospital which is in the outskirts of the city.

The courses followed similar patterns in each hospital, starting with an introductory talk and discussion, a series of eight lectures by the psychiatrist, each lasting about 40 minutes, which included the history and the management of the mentally ill, psychological concepts, treatment of recent admissions, rehabilitation of long-term patients, and administrative and medical legal arrangements. Lectures were followed by visits to the various departments of the hospital, discussion over coffee with the psychiatric social workers and the matron or her deputy, and hospital case conferences. A rota was also arranged for health visitors to attend the out-patient social clubs in the evenings. This has been a very popular and successful scheme. Both the hospital staff and the health visitors have profited by the experience and have become much more appreciative of the work carried out in hospitals and in the community.

MENTAL HANDICAP.

RESIDENTIAL SERVICE.

The following table gives the comparative figures for various categories for 1959 and 1960.

Table II

Mental Defectives

	Males		Females		Total	
	1959	1960	1959	1960	1959	1960
1. New cases admitted to Institution—						
(*a*) Certification	5	6	5	8	10	14
(*b*) Informal Admission	4	7	3	8	7	15
2. Re-certification at 16 years	—	2	2	2	2	4
3. New cases certified and placed under guardianship	3	3	5	4	8	7
4. Removed from guardianship ...	1	1	1	5	2	6
5. Removed from guardianship roll by death	1	2	—	1	1	3
6. Patients under guardianship as at 31st December 1960	55	55	94	92	149	147
7. Mental patients under guardianship as at 31st December 1960	5	5	6	6	11	11

Admissions to institutions totalled 29 and 14 of these were by certification. 16 were females and 13 males; 6 were under 5 years of age, 10 between 5 and 16 years, and 13 over 16 years. The distribution of the admissions was as follows :—

Gogarburn Hospital	14
Larbert Hospital	5
East Fortune Hospital ...	5
St. Charles' Home	1
St. Mary's Home	1
Glenlomond Hospital ...	1
Strathore Hospital	2

Eighteen of the patients were admitted as emergencies and 10 from the urgent waiting list; the remaining one was a transfer case from one Home to another.

Assessment Panel for Institutional Care.

In the annual report for 1959 reference was made to the composition of the Assessment Panel and this Panel has continued to operate smoothly and has been very helpful in assessing priorities for admissions to institutions. There was also an improvement in the number of admissions, increasing from 10 in 1959, to 29 in 1960.

The waiting list has consequently been reduced and when reviewing the number on the ordinary waiting list, it is essential to remember that a proportion of the names are included purely as a precautionary measure, e.g. when relatives or guardians are elderly.

At present there are 87 names on the waiting list for admission to mental deficiency hospitals and of these 12 (11 males and 1 female) are on the urgent waiting list. This compares with a waiting list of 98, of whom 19 were considered urgent, at the end of 1959.

An analysis of the cases referred during the year to the Panel was made and the information correlated and given hereunder.

Table III

Cases referred to Mental Deficiency Assessment Panel

Reason for Referral	Years			
	0–5	5–16	16	Total
1. Behaviour problems :—				
(*a*) Difficult	1	5	1	7
(*b*) Violent	—	1	4	5
(*c*) Moral	—	1	1	2
2. Deterioration in mental condition (on Ordinary Waiting List)	1	1	4	6
3. Parents unable to continue care due to illness or death of one or other	3	2	3	8
4. Poor home conditions, rejection by parents	2	2	2	6
5. Homeless	—	—	3	3
6. Precautionary Measure	—	—	4	4
	7	12	22	41

Table IV

Sex Distribution		Grade of Defect	
No. of Males ...	21	High grade	12
No. of Females ...	20	Medium grade ...	21
		Low grade	8
Total	41	Total	41

Hostel for Mentally Handicapped Adults.

The question of utilising Eversley House as a Hostel for high-grade male mentally handicapped adults was first raised in April 1958 when it was suggested that owing to the long waiting list of mentally handicapped for institutional care, there might be a co-operative effort by the Corporation and the Regional Hospital Board to provide hostel care for patients in the community with inadequate home conditions and for institutional patients who would be suitable for discharge and return to the community. It was then generally felt that a hostel run jointly by the two bodies might accommodate 12 institutional patients and 4 from the community. There were several meetings to discuss the project and eventually it was the Regional Hospital Board's view that the need for hostel accommodation existed for two types of mentally handicapped persons (*a*) those who were employable and no longer needing specialist care; and (*b*) those who no longer needed institutional care but still needed specialist supervision.

The Board were of the opinion that in the light of current mental health legislation the care of persons in category (*b*) above was the responsibility of the hospital service and the arrangements proposed by the Corporation were not suitable for this category of mentally handicapped person. The new Mental Health Act emphasises the return of hospital in-patients to the community as soon as they have reached the stage when there is no further need for specialist medical treatment or training or continuous nursing attention. The Act also provides that high-grade patients, that is to say patients who are capable of living an independent life and of guarding themselves against serious exploitation and who have reached the age of 25 years, must be discharged unless the responsible medical officer is of the opinion that they are likely to act dangerously. In view of this and the decision of the Regional Hospital Board, discussions were held with the medical staff of Gogarburn Mental Deficiency Hospital to ascertain more definitely the number of patients who would be affected by the Board's decision and by the new legislation and who could be discharged if hostel accommodation were available.

Particulars were obtained of 46 males who would be suitable for this accommodation and of these 23 belonged to Edinburgh and the remainder to neighbouring authorities. It was also anticipated that 6 persons living in the community were in need of the supervision and help which would be available in a hostel. It is hoped to submit a full report to the Health Committee early in the new year so that further consideration can be given to the provision of hostel care for these adult males, some of whom would probably remain as permanent residents, but it is hoped that many would use the hostel as a half-way house between the institution and the community. Investigations were also carried out into the need of a hostel for adult female mentally handicapped patients and it was decided that the need was not so urgent as many of these patients find residential work in the city. However, the position will have to be kept under review and the experience we gain with the adult male hostel should prove extremely helpful if the need for the female adult patients should arise.

Short-stay Residential Unit for Mentally Handicapped Children.

The residential unit at Willowbrae House has proved to be most beneficial and has been greatly appreciated by the parents. Temporary care has been provided for mentally handicapped children up to the age of 12 years and it will be seen from perusal of the table given below that the number of admissions has steadily risen from 64 in 1958 to 90 in 1960. The average length of stay was also up during 1960 and it will also be noted that the major proportion of the admissions was to give parents a rest and a holdiay. The unit remained free of epidemic infectious diseases in spite of the movement of children, and although the number of admissions is limited at any one time to 10, during the winter months the numbers have not fallen much below 8. Two cases were admitted from Midlothian county.

Table V

	1958	1959	1960
Number of Admissions	64	75	91
Average length of stay (in days)	20	19	24
Reasons for Admission			
1. Parent(s) admitted to hospital	2	2	6
2. Rest for parents	47	51	47
3. Parents on holiday	9	20	25
4. Mother expecting baby	5	2	5
5. Other reasons	1	—	8
Number of Children			
1. Ambulant	40	61	68
2. Not ambulant	18	8	13
3. Completely confined to bed	6	6	9
4. Hyperactive	17	18	9
5. Requiring to be fed	33	39	50
6. With epilepsy	24	30	19
7. Incontinent	31	31	36
8. Blind	5	6	2

Non-residential Services.

The number on the roll of the 5 special schools for mentally handicapped children in the community totals 420 compared with 407 in 1959 and another 108 children attend the Junior Occupation Centre, the latter figure showing a rise of 7 compared with the previous year. Five more children with multiple, including mental, handicaps attend a special unit within the educational service and 3 of these children obtain transport.

Unit for Severely Handicapped Children.

This unit was transferred from the Pleasance Trust to part of Willowbrae House. It was possible to separate two rooms from the Short-stay Residential part of Willowbrae House and 20 children are on the roll of this unit. The children attending are notified by the education authority as being unsuitable for education or training in a special school and a few, though not notified, are still not fit to attend a day occupation centre. The unit is operating very well and the simple training which is given does appear to help the children, sometimes the results being much better than initially anticipated. The children are collected daily from 1 p.m. and returned before 5 p.m. The three members of the staff also act as escorts and there is no doubt that this very successful unit could prove even more beneficial if it was extended to include full-time daily training and care.

After-care.

The Edinburgh Association for Mental Welfare carries out the duties of the Corporation relating to the after-care of those leaving special schools for the mentally handicapped. There is also close liaison between the officials of this Association and the Health Department. The Senior Medical Officer of Mental Health is a member of the Association's Executive Committee and there are regular informal meetings between him and the officials of this Association and the Edinburgh Branch of the Scottish Society for Mentally Handicapped Children. In this way the various problems can be discussed frankly and it is possible to pass on information of mutual interest.

There was a total of 54 leavers from special schools, which included 10 from St. Crispin's Junior Occupation Centre. Of the number leaving the Junior Occupation Centre, one was admitted to Gogarburn while one was admitted and 8 placed on the waiting list for the Senior Occupation Centres. The remaining 44 school leavers, with the exception of 2, obtained outside employment and of the two exceptions one was admitted to Gogarburn and the other to the Adult Male Occupation Centre at Slateford.

The two Senior Occupation Centres are administered by the Education Authority under the Further Education Scheme. The female centre at Lauriston Place accommodates 43 persons, 14 of whom attend full-time, while the adult male centre at Slateford is attended by 46 persons, of whom 39 are on a part-time basis. For the few (5) who are unable to travel by themselves, special transport is provided daily. These Senior Occupation Centres are run on traditional lines and are very popular, although it is felt that there is a need to give some form of remuneration to those attending, particularly at the male centre where a number of saleable articles are made. Medical supervision is given by the Public Health Department and the waiting list for the female adult centre remains at 21 because of lack of accommodation. There is also great need for additional transport as the majority of the 21 females require this. Lack of accommodation at the adult male occupation centre is not so urgent—only 10 males are on this waiting list.

Camping holidays are arranged for the persons attending these centres. The parents contribute towards the cost and the transport is provided by the Edinburgh

Association for Mental Welfare. The problem in relation to the Senior Occupation Centres is likely to increase as each year approximately 10 persons are leaving the Junior Occupation Centre and the majority of them will require accommodation at the Senior Centres.

Prevention.

Mention was made in the last Annual Report of the condition called "phenylpyruvic oligophrenia" and to the steps the health visitors were taking to ascertain this condition. The health visitors have continued to examine the urine of all babies born in Edinburgh, the test being carried out at approximately 6 weeks. Three children, suffering from this condition are now under treatment, as reported in the Maternal and Child Welfare section on page 52.

WELFARE OF AGED.

Each year this responsibility increases. Those already in residential accommodation are twelve months more enfeebled, requiring that extra care and supervision while those applying for care and attention show a steady increase in numbers. People are living longer and it would appear that many of the recent applicants are just bordering on the limit of what Part III accommodation can offer. An increasing number of cases, due to general enfeeblement, physical and mental, do not really qualify for the chronic hospital, nor yet are they suitable for residential accommodation according to present arrangements. There would appear to be a need for some intermediate stagehouse but this would present many difficulties, not the least of them administrative.

During 1960, 840 applications were received by the City Social Services, of which more than 95 per cent. were referred to the assistant medical officer for welfare services. This was about 80 more than in 1959. A similar increase is noted in the number of cases referred directly to him from other sources—general practitioners, health visitors, sanitary inspectors, National Assistance Board, relatives, neighbours, etc. Cases which have been seen and passed as suitable for Part III accommodation, if not admitted within 14 days, must be seen again prior to admission. This follow-up visiting is also increasing as the waiting time for admission lengthens, especially during the winter months, when it is interrupted by emergency cases.

Residential Accommodation.

Local authorities must provide accommodation for persons requiring care and attention and for the population of Edinburgh the following homes exist for this purpose.

Glenlockhart.—This, the main home, accommodates some 450 residents both male and female (official bed state, 437). During 1960 total admissions amounted to 326 (178 males, 148 females), while 208 were discharged and 126 died. Structural alterations have progressed satisfactorily during the year, the female side now nearing completion. Ancillary services have continued as previously, the services of an optician, dentist, chiropodist, and occupational therapist being available to all admitted. In addition on 3rd October 1960 a full-time physiotherapist, was appointed by the Local Authority and commenced duty. The function of the physiotherapist is to carry out preventive physiotherapy, and her work is concerned with those who are not requiring remedial treatment but who require help to enable them to continue mobile for as long as possible. The physiotherapy services of the Regional Hospital Board have been retained for cases resulting from traumatic or other lesions. It is intended to review this system after a trial period of six months. At present accommodation is shared by the occupational therapist and the physiotherapist, but it is intended to adapt the wartime decontamination centre as a physiotherapy department during 1961. No further equipment is being considered until this is nearer completion. The increase of nursing and orderly staff authorised in July 1960 has greatly eased the problem of supervision and attention which had been proving increasingly difficult. The general health of residents has remained satisfactory during the year and no epidemics were encountered. The exchange system of chronic sick from Glenlockhart with patients in Longmore Hospital suitable for Part III accommodation still continues and a similar system is applied to Southfield Hospital but for females only. There is still a considerable waiting list with seasonal fluctuation affecting both males and females and it is recognised that more beds are required for the aged who require care and attention only. During the year nine residents, 6 females and 3 males, were certified and removed to mental hospitals, the great majority shortly following their admission to Glenlockhart.

Firrhill, Craigard and Edenholme.—These smaller homes, the first for males, the other two for females, continue to function, taking a small proportion of the more active aged, requiring the minimum of supervision.

The Abbey, North Berwick.—This residential home, housing around 26 persons was opened on 10th November 1960. It is intended as a holiday home for patients from the main city homes or for accommodating aged and infirm persons normally cared for at home, while their relatives are on holiday. The majority of the residents will be women but places will be available for four to six males.

Temporary Accommodation.—This is provided in a section of Glenlockhart for homeless women and children and 20 beds and 8 cots are available for this purpose.

Voluntary Homes.—At 31st December 1960 there were 39 voluntary homes registered, housing some 870 persons and annual inspection is carried out in company with an official from the Social Services Department. A further six homes have been inspected and are pending registration.

The Cheshire Home, Mayfield House.—This, the first home of its kind in Scotland for the young physically handicapped adult, was officially opened on 21st September 1960. It is to be registered as a residential home and at a later date it is intended to apply for nursing home registration for the ground floor. A lift has been installed, essential in a home housing physically handicapped persons. The total accommodation in this home will be around 26.

Compulsory Removals.

In certain circumstances where a person's physical or mental condition has deteriorated to such an extent that they are unable to look after themselves properly and are living in insanitary conditions, it is necessary to have them removed by a Court Order to a hospital or local authority home if they are unwilling to go voluntarily. Before such action is taken every effort is made, by the full use of domiciliary services, to keep the old person in his own home.

Home helps, almoner services, health visiting, home nursing, meals on wheels service, welfare associations and the mustering of friends and relatives, etc., have been invaluable in making it possible for at least one case per week on average continuing at home in relative comfort. The weekly meeting with the almoner, home help and health visiting supervisors has proved invaluable in the solution and correlation of such cases. These services are reported upon in other sections of this report, but have proved indispensable in the welfare of the aged.

Only in four instances (2 male, 2 female) had orders under Section 47 of the National Assistance Act, 1948, to be made. All were removed to Glenlockhart Home, none being hospital admissions. In the case of one man the order lapsed due to his willingness to remain in Glenlockhart; in the other three cases the orders remain in operation.

Compulsory Removal Orders 1949–1960.

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	Total
Local Authority Admissions ...	1	1	4	12	4	10	5	9	9	2	3	4	64
Hospital Admissions	—	—	1	—	—	2	2	—	—	1	—	—	6
Total	1	1	5	12	4	12	7	9	9	3	3	4	70

Laundry Service.

This service which was introduced in March 1959 was continued on similar lines during the year at High School Yards. In the main it is used for persons who are requiring the services of a home help but who reside in houses lacking washing and drying facilities or for other reasons have a particularly heavy laundry. The laundry is taken by the home help to the High School Yards, or if necessary it is uplifted and delivered by one of the department's vans. Laundering is carried out by a member of the Home Help Service who also does the ironing.

During the year, forty households were assisted in this way, the average number being 22 per week. The total load dealt with was 1,984 (approximately 9 lbs. per load)—an average of 38 loads per week.

Chiropody Service.

The chiropody service, which commenced in March 1959, was extended during the year by the appointment in January of a second full-time chiropodist. Four additional clinics were then opened (at Granton, Stockbridge, Windsor Street and Moredun), making twelve in all. There was no demand at Moredun and this clinic was discontinued after one month.

As the service became better known there was a rapid increase in demand for treatment at all the centres and towards the end of the year pressure was so great that it was not possible to give immediate attention to new cases and subsequent appointments for those already under treatment were delayed for nearly twelve weeks in some instances. The Corporation, therefore, at the end of November, authorised the appointment of a third chiropodist who will commence duty in January 1961, and further decided to review the position again after a period of three months.

The following table gives particulars of attendances at the various clinics :—

	New Cases	Old Cases
South Fort Street, Leith (Monday and Thursday) ...	119	1,180
McLeod Street, Gorgie (Tuesday and Friday) (Saturday forenoon fortnightly)	102	1,432
Niddrie (Wednesday forenoon)	15	354
Granton (Wednesday afternoon)	41	297
Prestonfield (Cameron House) (Saturday forenoon fortnightly)	12	170
Stockbridge (Monday)	88	626
Windsor Street (Tuesday)	173	639
Portobello (Wednesday)	91	826
Candlemaker Row (Livingstone House) (Thursday forenoon and Friday)	82	1,133
Sighthill Health Centre (Thursday afternoon)	39	359
60 Pleasance (Saturday forenoon)	70	250
Total	832	7,266

These attendances covered the treatment of 1,611 patients.

SANITARY SERVICES.

Sanitary Department,
Public Health Chambers,
Johnston Terrace,
Edinburgh, 1.

To

The Corporation of the City of Edinburgh.

My Lord Provost, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Sanitary Department of the City of Edinburgh for the year 1960.

HOUSING.

Clearance Areas.

Progress was made during the year with rehousing of families from Carnegie Street, etc. and Greenside Row, etc., Clearance Areas.

At the end of the year all the families had been rehoused from the Carnegie Street Area and only eight families remained to be rehoused from the Greenside Row Area. Demolition of the property is in progress in both areas.

In terms of the Housing (Declaration of Unfitness Order) (Scotland) Regulations, 1960, Unfitness Orders were made on 23rd June, 1960, on 453 of the 565 houses (194 of which were vacant) with a population of 1,090, included in the Citadel and Central Leith Comprehensive Development Area (Kirkgate, etc. 1st Section) and (Citadel, etc. 1st Section).

Objections have been lodged by four of the owners of houses in the (Kirkgate 1st Section) and by one owner of houses in the (Citadel 1st Section) against the inclusion in the Unfitness Order, and as a result a Public Inquiry will be held.

Official Representation in terms of the Housing (Declaration of Unfitness Order) (Scotland) Regulations was made to the Housing Committee on 20th September, 1960, in respect of 653 of the 766 houses (103 of which were vacant) with a population of 1,867 included in the St. Leonards and Arthur Street Comprehensive Development Area (Arthur Street 1st Section). The Unfitness Orders are expected to be made at an early date.

Confirmation was received from the Secretary of State on 17th September, 1960, for the Compulsory Purchase Orders made on 28th April, 1960, relative to the Canonmills Clearance Area. This area comprised 35 houses with a population of 79, twelve of the tenants have been rehoused.

Official Representations were submitted on 13th December, 1960, to the Housing Committee for two Clearance Areas.

The West Cromwell Street, etc. Area which is included in the Citadel and

Central Leith Comprehensive Development Area comprises 64 houses (5 of which are vacant) with a population of 158.

The Broughton Court Area comprises 20 houses with a population of 46.

In addition to the foregoing houses 133 houses which were "listed" as unfit in terms of the Housing Acts were demolished by the City Engineer's Department as ruinous and insecure property.

In order to obtain a more accurate picture of the extent of the slum problem and in accordance with the request of the Housing Committee, a start was made during the year with the inspection of houses previously classified as "substandard"; 14,000 houses were visited in this connection.

The following tables show the action taken by the Local Authority under the various Housing Acts since 1923 :—

Housing (Scotland) Acts, 1919-1925.

Scheme.	*No. of houses dealt with.*	*Population.*
Cowgate-Grassmarket, 1923	630	1,429
Leith, 1924	678	2,444
Canongate-Corstorphine, 1927	293	556
St. Leonards (1st Section), 1927	752	2,619
St. Leonards (2nd Section), 1929-30 ...	1,544	5,375
Totals ...	3,897	12,423

Housing (Scotland) Act, 1930.

Scheme.	*No. of houses dealt with.*	*Population.*
Ann Terrace, etc., 1934	87	301
Trafalgar Lane, Leith, 1934	152	571
Maryfield, etc., Portobello, 1935	78	253
New and Old Broughton, etc., 1935 ...	108	225
Couper Street, etc., Leith, 1936	327	1,186
Abbeyhill (1st and 2nd Sections), 1936 ...	57	192
Albert Cottages, etc., 1936	41	200
Canongate (Duncan's Close, etc.), 1936 ...	37	121
Canongate (1st Section), 1937	152	323
Morrison Street, etc., 1937	37	58
Meadowbank Cottages, etc., 1937	77	352
Lauriston, High Riggs, etc., 1938	178	538
Abbeyhill (3rd Section), 1938	25	92
Lapicide Place, etc., Leith, 1938	91	248
Totals ...	1,447	4,660

Housing (Scotland) Act, 1950.

Scheme.	*No. of houses dealt with.*	*Population*
Burns Street, Leith, 1952	88	297
Calton Road, 1953	72	208
Spey Street, 1956	93	204
Carnegie Street, etc. 1959	419	1,111
Greenside Row, etc. 1959	256	571
Canonmills	35	79
Totals	963	2,470
Grand total since 1923 ...	6,307	19,463

Town and Country Planning (Scotland) Act, 1947, and the Housing (Declaration of Unfitness) (Scotland) Regulations, 1948.

Scheme.	*No. of houses dealt with.*	*Population.*
St Leonard's (Dumbiedykes) Comprehensive Development Area, 1955	151 (unfit houses) 55 (not unfit)	
Totals ...	206	546

Individual Unfit Houses.

During the year 90 houses were dealt with in terms of Section 9 of the Housing (Scotland) Act, 1950, either by making of Demolition Orders, Closing Orders or the acceptance of Statutory Undertakings from the owners.

In addition, the owners of 36 houses gave Voluntary Undertakings that the houses would not be re-let for human habitation in the event of the occupiers obtaining alternative accommodation, 25 of these houses are included in Comprehensive Development Areas.

The House-letting Department rehoused 94 families from unfit houses and the houses were subsequently closed.

The following table shows the number of individual unfit houses dealt with since 1923.

Housing (Scotland) Acts, 1919-1959.

	No. of houses.	*Population.*
Housing (Scotland) Acts, 1919-1925 ...	272	979
Housing (Scotland) Act, 1930	2,053	6,438
Housing (Scotland) Act, 1950-1959	794	2,101
Total ...	3,119	9,518
Voluntary Undertakings from owners ...	401	1,262
...	3,520	10,780

Overcrowding.

Certificates relative to overcrowding in dwelling houses were submitted to the House-letting Department on behalf of 1,213 applicants for Corporation houses, a decrease of 572 as compared with the previous year. The House-letting Department rehoused 861 families from overcrowded houses or overcrowded sub-let rooms, a decrease of 684 from the previous year.

Bug Infestation of Houses.

The scheme adopted by the local authority in 1934 to prevent the transference of bug-infested furniture to new houses continues to give entire satisfaction. During the year the houses and household effects of 4,290 prospective Corporation tenants were examined by the District Sanitary Inspectors and 4 or 0·09 per cent. of that number were found to be bug infested. The number of bug infested houses found continues to fall each year due, in no small measure, to the appreciation of the tenants of the efficiency of the modern insecticides, including D.D.T. Since the scheme was put into operation, 73,619 houses have been inspected and 4,491 or 6·1 per cent. have been found to be bug infested.

The furniture from bug infested houses is removed in special pantechnicons to the fumigation chamber at Powderhall and there subjected to hydrocyanic gas for a period of two to three hours. The bedding and bedclothes are treated in the steam disinfector. The furniture and bedding are thereafter delivered direct to the new houses. Since 1934 when this work was commenced, 3,969 fumigations have been carried out, including nine for the year under report.

Housing (Repairs & Rents) (Scotland) Act, 1954, and Rent Act, 1957.

The Rent Act, 1957, came into force on 6th July, 1957. This Act permitted owners to increase the rent of dwelling-houses under £40 rental by 25 per cent. irrespective of any repairs having been carried out in the house or for the benefit of the house. This increase is known as the " rent increase ". Where an owner already had a " repairs " increase under the 1954 Act he is permitted to increase the rent by a further 10 per cent. making a total increase of 50 per cent. If an owner has carried out repairs to the value of not less than three-fifths of the rent over a period of 12 months he may substitute a " repairs increase " for a " rent increase " but four months' notice of intention to do so must be given to the occupier. To obtain a " repairs increase " or "rent increase " the house has to be in good and tenantable repair and in no other respect be unfit for human habitation.

" Repairs " for the purpose of these Acts includes maintenance but does not include improvements, structural alterations or the provision of additional or improved fixtures or fittings.

If on receipt of a notice of increase, either " repair increase " or " rent increase ", or at any time thereafter the tenant is not satisfied that either or both of the conditions justifying the increase of rent are fulfilled, he may apply to the local authority for a certificate of disrepair. When a certificate is granted the local authority must serve a copy on the landlord. The certificate is treated as having been in force since the date of the application and so long as it is in force no repairs increase is recoverable.

After a certificate of disrepair has been granted and the owner has carried out the necessary repairs to the satisfaction of the local authority, he is entitled, on application, to have the certificate revoked. The landlord has the right to appeal to the Sheriff against the local authority's decision to (*a*) grant a certificate of disrepair; or (*b*) refuse to revoke a certificate of disrepair.

During the year only two applications were received for certificates of disrepair, a decrease of eight. One certificate was granted and the other was withdrawn. Two applications were received from owners for revocation certificates of disrepair and one was granted.

Appendix 15 shows the return of certificates issued by the local authority between 30th August, 1954, and 31st December, 1960.

GENERAL SANITATION.

Nuisances and Structural Defects.

During the year, 8,244 nuisances and structural defects in dwelling houses and other premises were dealt with by the department. Of this total, 6,129 or 74·34 per cent. were discovered or reported on by the District Inspectors. 2,050 or 24·86 per cent. were notified by citizens and 65 or 0·78 per cent. were notified by other city departments. To bring these structural defects to the notice of the owners concerned, 384 Intimations of Existence of Nuisance, in terms of the Public Health (Scotland) Act, 1897, were served. In 101 of these, no appropriate action was taken, and Statutory Notices had to be served to effect the required improvements.

New apparatus fitted in water closets numbered 22, and a further 40 were improved or repaired. Nine water closets and sinks were found to be in a dirty condition and were subsequently cleansed and 21 chokages were cleared.

Twelve new sinks were introduced into premises and two insanitary sinks were abolished. Twenty-eight repairs were carried out to sinks and surrounding woodwork. Choked sinks, wash tubs, etc. numbered 14, and one wash hand basin was renewed.

Various repairs to drains, soil pipes and sink waste pipes totalled 32 and there were 72 choked drains and 3 surface traps cleared. With regard to domestic water supply, it was necessary to have 192 cisterns cleaned or covered, whilst 7 cisterns were repaired or renewed. The number of houses temporarily without water supply due to burst pipes, etc. numbered 12. Notices served regarding the cleaning of water cisterns totalled 134.

Repairs to houses relating to floors, hearths, doors, walls, windows, coal bunkers, grates, ranges, boilers and ceilings amounted to 294.

General nuisances in connection with dwelling houses and other premises totalled 4,319, including dirty houses, offensive smells, dampness, smoky vents, overcrowding, flooding, animals, accumulation of rubbish, etc., noise nuisances and infestation of rats, mice, bugs and other pests. Complaints of tenants casting bread or garbage over windows in 69 cases necessitated the serving of 406 notices cautioning them about this offence.

In the course of the year, 1,062 staircases were painted at the instance of the department, this being achieved by the serving of 7,513 notices. A further cause of unsatisfactory conditions in stairs and passages was the neglect by tenants to take their turn of sweeping and washing in 457 instances.

There were 75,315 inspections made in all during the year. Details of nuisances and defects remedied are given in Appendix 1 and inspections in Appendix 2.

Offensive Trades.

The offensive trades registered within the City comprise four tanners, one gut scraper, five hide and skin factors, one manure manufacturer, two tripe dressers, one glue and size maker, two fellmongers and two tallow melters, making a total of eighteen. Inspections showed that the provisions of the Bye-laws requiring the prevention of offensive effluvia, the inoffensive disposal of obnoxious waste, the lime-washing of walls, the cleansing of floors and utensils and the thorough flushing of drains were being observed.

Common Lodging Houses.

Details of lodging houses and other houses controlled by the Bye-laws are given in Appendix 4. Regular inspection of these premises was carried out to ensure that the terms of the Bye-laws were being observed.

Hairdressers and Barbers.

There are 353 premises registered in the City as Hairdressers and Barbers, which are inspected periodically by District Inspectors. With regard to equipment and cleanliness of shops it is pleasing to note that improvements continue to be made as a result of these visits.

NOISE NUISANCE.

Complaints under the heading of noise nuisance amounted to 100 during the year. Of these, 47 were the result of excessive noise from neighbours' houses and included general noise, radio and television sets and musical instruments. There were 38 complaints of noise from industrial premises, and the remaining 15 complaints were caused by milk-delivery vehicles, road repairs, blasting operations and late-hour restaurants.

It was found generally that representations by the department, on behalf of the complainers, were received sympathetically, and it was possible to improve matters so as to prevent any recurrence.

Noise from Bakery.

During the year, an unusual nuisance was brought to the notice of the department. A petition, signed by the residents in a block of flats, complained of a noise similar to a number of high flying aircraft, emanating from a bakery situated about 60 yards away. Although the noise was fairly constant throughout the day, it was during the night that the residents were disturbed by the loss of sleep.

On investigation it was found that the noise came from the boilerhouse, where a new gas fired boiler had just been installed. The actual noise was caused by the combustion of gas within the boiler together with the noise from the boiler exhaust.

Several measures were taken to baffle the noise and contain it within the boilerhouse, but these proved only partially successful. The Management and the Engineering Contractors decided to engage a firm of acoustic experts to investigate the nuisance and suggest the best method to reduce the noise to a minimum. This firm made visits to the bakery and surrounding premises where scientific tests and observations were made. On examining the resulting data and carrying out the necessary calculations, it was decided to fit a silencer to the boiler exhaust.

After this was made to the specification as recommended by the acoustic engineers and fitted, observations were made when the boiler was working to full capacity and no noise which would constitute a nuisance within the meaning of the Act was detected.

Noise from Boot Repairing Shop.

Complaint was received of a noise nuisance from a boot-repairing shop situated in a tenement block. The complainers were the occupier of the shop next door and the occupiers of the houses on the first and second flats above the shop. The firm worked normal hours and there was no complaint of noise in the evenings or at the week-ends.

The complaint was of noise from two stitching machines which were situated near a partition wall and a disused chimney vent. The noise was probably transmitted up the wall and chimney vent. Readings were taken on a Sound Level Meter in the complainers' premises when the stitching machines were being used.

The owners of the boot-repairing shop were most co-operative and moved the stitching machines away from the partition wall. The machines were also fixed on rubber bases.

Thereafter further readings were taken and showed a definite reduction in the sound level, which the complainers agreed was a great improvement.

The following table shows the Sound Level Meter readings :—

Sound Level Meter Readings (Decibels).

Where taken	Before machines were re-sited	After machines were re-sited
Shop next door	39 d.b.	32 d.b.
House immediately above	37 d.b.	32 d.b.
House on second flat above	(*a*) 34 d.b. (*b*) 38 d.b.	(*a*) 32 d.b. (*b*) 32 d.b.

RODENT AND INSECT CONTROL.

Rats and Mice.

Throughout the year the destruction of rats and mice continued with satisfactory results. Inspections and surveys of shops, factories, farms, piggeries and other places were carried out in the various districts of the city. Where premises were found to be infested, occupiers were advised as to the best method of abating the nuisance and of steps necessary to rat proof the premises against further infestation. The close co-operation obtained by the department from the occupiers is shown by the fact that no Statutory Notices required to be issued throughout the year.

All infestations of rats notified to the department were of a minor nature and adequately dealt with by the use of traps and 'Warfarin' poison baits. Complete clearance of mice was also obtained in dwelling houses, shops and institutions with " Warfarin ".

Where drainage systems were suspected, the co-operation of the City Engineer's staff was of considerable assistance in having the drains tested, and, where necessary, repair work carried out. Sewer manholes were again baited and on inspection good takes were observed.

Upon intimation being received from the Electricity Board that electricity junction boxes showed evidence of rats, these were inspected and poison baits laid down.

Circular letters were sent to farmers drawing attention to their obligations under the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) (Scotland) Order 1950. The co-operation of the City Police was also secured in notifying this department of farms where threshing was in operation.

Details of the number of premises visited, complaints and other matters dealt with are shown in Appendix 9.

Disinfestation of Bug-infested Houses.

The number of bug-infested houses treated during the year was 39, comprising 54 apartments. Of this number, 7 were treated as precautionary measures, being located in old buildings and in close proximity to previously known infestations. Opportunity was taken when such houses became vacant to spray them with a strong insecticide. The number of actual bug infestations was 34 as against 33 last year.

Beetles, Cockroaches, Wasps, Fleas, etc.

There was an increase of 81 over last year in the number of premises treated for infestations of beetles, cockroaches, wasps, fleas and other insects, the number was 477 compared with 396 in 1959. The increase in numbers was mainly due to the many requests made to the department to destroy wasps' nests.

Insecticides.

The insecticides used during the year were mainly 0·5 per cent. Lindane and 10 per cent. DDT and Lindane Powder. Wasps' nests were treated with 5 per cent. DDT in Kerosene.

The table in Appendix 9 shows the number of apartments etc. treated for verminous infestation in each ward, the total being 531.

SMOKE ABATEMENT.

Industrial Smoke.

Close watch of the various chimneys in the City was regularly kept and repeated visits of inspection were made to factories and other places as required.

Throughout the year 112 observations, each of one hour's duration were made and 418 visits were paid to boiler houses, with a view to minimising excessive smoke emissions.

Steady progress has been made in the introduction of new boiler plant and the improvement of existing boiler plant in industrial and commercial premises throughout the City during the past year. Where departmental representations have been made, the following works have been executed :—

	Type of Establishment	Technical Improvements.
Private :	Factory	Oil Fired Plant introduced.
	Factory	Oil Fired Plant introduced.
	Warehouse	New Boiler Plant Oil Fired.
	Offices	Oil Fired Plant Introduced.
	Offices	Underfeed Stoker Introduced.
Public :	Wash Houses	Mechanical Stokers Introduced.
	Greenhouses	Mechanical Stokers Introduced.
	School	Mechanical Stoker Introduced.
	School	Mechanical Stoker Introduced.
	School	Oil Fired Plant Introduced.
	School	Oil Fired Plant Introduced.
	School	Oil Fired Plant Introduced.

St. Margaret's Railway Works.

Throughout the year regular observations were made in respect of the nuisance arising from atmospheric pollution in the neighbourhood of the railway engine yard at Meadowbank Depot.

While all precautions are taken by the Railway Authorities to minimise the emission of smoke and grit, a nuisance still exists from the smoke haze which drifts over the neighbourhood. The main factors in this smoke nuisance are the close proximity of the dwellinghouses to the source of the pollution, the prevalence of the westerly wind, the number of engines marshalled within the Depot and the low level of the smoke discharge.

The substitution of diesel power for steam power is making steady progress and this is having the effect of lessening the amount of atmospheric pollution at the west end of the Depot where the diesel engines are marshalled.

Domestic Smoke.

Smoke Control Areas.—The Secretary of State for Scotland in exercise of the powers conferred upon him by Section 11 of the Clean Air Act, 1956, confirmed the Edinburgh (Sighthill No. 2) Smoke Control Area Order, 1960, and the Edinburgh (City Centre No. 1) Smoke Control Area Order, 1960. The text of these Orders is as follows :—

THE EDINBURGH (SIGHTHILL No. 2) SMOKE CONTROL AREA ORDER, 1960.

The Corporation of the City of Edinburgh, in exercise of the powers conferred upon them by Section 11 of the Clean Air Act, 1956, hereby made the following Order :—

(1) This Order may be cited as The Edinburgh (Sighthill No. 2) Smoke Control Area Order, 1960, and shall come into operation on 1st October, 1960.

(2) The area in the City of Edinburgh comprising 329 acres or thereby and bounded on the north by Calder Road, on the east by Longstone Road, Dumbryden Road and Hailes Quarry, on the south by the Union Canal and a line running westwards therefrom to meet the present city boundary, and on the west by the present city boundary, which area is delineated and coloured red on the map prepared in duplicate, sealed with the common seal of the said Corporation and marked " Map referred to in The Edinburgh (Sighthill No. 2) Smoke Control Area Order, 1960 ", is hereby declared to be a smoke control area. One duplicate of the map is deposited in the offices of the said Corporation and the other is deposited in the offices of the Department of Health for Scotland, St. Andrew's House, Edinburgh, 1.

Dated this fourteenth day of January, 1960.

IAN A. JOHNSON-GILBERT, *Lord Provost.*
W. BORLAND, *Town Clerk.*

L.S.

Confirmed by the Secretary of State for Scotland,

A. MACLEHOSE, *Assistant Secretary*

L.S.

Department of Health for Scotland,
EDINBURGH, 18*th March*, 1960.

THE EDINBURGH (CITY CENTRE No. 1) SMOKE CONTROL AREA ORDER, 1960.

The Corporation of the City of Edinburgh, in exercise of the powers conferred upon them by Section 11 of the Clean Air Act, 1956, hereby make the following Order :—

(1) This Order may be cited as The Edinburgh (City Centre No. 1) Smoke Control Area Order, 1960, and shall come into operation on 1st February, 1961.

(2) The area in the City of Edinburgh comprising 58·5 acres or thereby and bounded on the south by Princes Street, on the west by Frederick Street and Queen Street Gardens, on the north by Heriot Row and Abercromby Place, on the east by Queen Street Gardens and North and South St. Andrew Street, which area is delineated and coloured red on the map prepared in duplicate, sealed with the common seal of the said Corporation and marked " Map referred to in The Edinburgh (City Centre No. 1) Smoke Control Area Order, 1960 ", is hereby declared to be a smoke control area. One duplicate of the map is deposited in the offices of the said Corporation and the other is deposited in the offices of the Department of Health for Scotland, St. Andrew's House, Edinburgh, 1.

(3) The buildings specified in the Schedule hereto shall be exempted from the operation of the said Section 11 for the period specified in the said Schedule.

Dated this Twenty-eighth day of April, 1960,

IAN A. JOHNSON-GILBERT, *Lord Provost.*
W. BORLAND, *Town Clerk.*

L.S.

SCHEDULE.

referred to in the foregoing Order,

Building	**Period of Exemption.**
The premises at 47-52 Princes Street, 2 South St. David Street, 7-13 and 14-20 Rose Street, owned and occupied by Jenners Limited.	During the reconstruction of premises but not more than two years from the date of this Order.

Confirmed by the Secretary of State for Scotland,

A. MACLEHOSE, *Assistant Secretary.*

L.S.

Department of Health for Scotland,
St. Andrew's House,
EDINBURGH, 1.

There are now four Smoke Control Areas in operation in the City affecting 4,621 premises and covering an area of 776 acres.

In addition, the new housing estate at Gracemount has been smoke controlled by missive of let and the occupiers of the properties in this area have responded well to the use of smokeless fuel.

Proposed Smoke Control Areas.

The preliminary survey work in connection with future developments in proposed smoke control areas in the City was carried out during the year. In the Sighthill, Central and Corstorphine Areas of the City, 20,409 visits were paid to premises for the purpose of estimating fuel consumption and costs involved in the adaptation and replacement of fireplaces.

Atmospheric Pollution.

Deposit Gauges.—The Department continues to co-operate with the Department of Scientific and Industrial Research in order to ascertain the extent of atmospheric pollution within the City and for this purpose three deposit gauges stationed as follows show the degree of pollution in these areas :—

(1) Seafield (Leith Hospital).
(2) Morningside (Astley-Ainslie Institute).
(3) Glencorse (Reservoir).

In Appendix 5 the City Analyst's Reports give the respective monthly records of the total solids deposited in tons per square mile, the sub-division thereof into soluble and insoluble solids, together with the rainfall in inches.

Lead Peroxide Instruments.

In addition to the deposit gauges, three lead peroxide instruments are installed for the purpose of measuring the sulphur content of the atmosphere at sites in Seafield, Astley Ainslie Institute (Morningside) and Robb's Loan, Gorgie.

In Appendix 5a the monthly reports submitted by the City Analyst show the rate of sulphation expressed in milligrammes of SO_3 per day per 100 square centimetres.

Educational Measures.

Lectures on the domestic and industrial aspects of the smoke problem were given by the Smoke Abatement Inspector to various interested Associations. Evening Classes were again held in the Heriot-Watt College and were well attended by boiler firemen and engineers.

FACTORIES ACT, 1937-1959.

The number of inspections of factories with mechanical power was 1,057, and of factories without power 71, a total of 1,128. The former are subject to inspection y the Local Authority in respect of sanitary conveniences only, while the latter are subject to inspection, more or less, in all sanitary matters.

Improvements under Part I Health (General Provision) of the 1937 Act numbered 230.

Fifty Notices of sanitary defects requiring attention were received from H.M. Inspector of Factories in terms of Section 9 of the 1937 Act. I record my appreciation of H.M. Inspector's co-operation in matters of mutual concern.

The tabulated statement showing the prescribed particulars on the administration of the Factories Act, prepared at the request of the Minister of Labour, was completed and sent to H.M. Inspector of Factories for the District.

A copy of the statement is shown in Appendix 6.

A detailed Statement of improvements effected in factories is also shown in Appendix 7.

SHOPS ACT, 1960

Shops inspections carried out to ascertain if the provisions of the Act were being observed totalled 3.071.

Contraventions.

Failure to observe a weekly half-holiday resulted in one shopkeeper being prosecuted. In several cases warning letters sufficed to secure compliance with the terms of the Act and Local Orders.

Christmas and New Year Periods.

The Secretary of State did not exercise his powers under Section 43 (1) of the Act to suspend the general closing hours and closing orders during these periods. The local authority, however, in using their powers under Section 43 (2), granted suspension throughout the City for all shops, with the exception of licensed premises, to remain open on Christmas and New Year's Eve until midnight.

Arrangements for Health and Comfort.

A detailed statement in connection with the administration of the Shops Act is contained in Appendix 8.

A number of improvements in regard to sanitary accommodation, washing facilities, etc., for assistants, were effected.

Plans submitted to the Dean of Guild Court in connection with shops are examined, and where necessary, the attention of petitioners is drawn to the requirements of the Shops Act and other Statutes.

ANTI-FLY CAMPAIGN 1960.

The Anti-Fly Campaign was again carried out throughout the summer months. Few flies were to be seen in the town area while shops and dwelling houses were remarkably free from infestation. This may be due to the poor weather conditions throughout the summer but it would appear that shopkeepers and housewives have become more public health conscious by waging war against the flies as soon as they appeared on the premises by the use of Aerosol Fly sprays.

Particular attention was given to piggeries which are considered to be one of the main breeding places in the City. Several of the pig keepers are using insecticides and exercising more care in the storage and handling of swill and in the cleanliness of sties and courtyards.

Treatment.

The treatment of premises was commenced on 4th July and continued until the 14th October. During that period 202 premises were treated and of this number, 177 were treated a second time, making a total of 379 compared with 446 in 1959.

This number is below that of last year as a number of areas did not require a second treatment; the fact that fewer complaints from dwelling houses were received; and that several open spaces had been taken for building. By arrangement with the Education Department, eight Cooking Centres were sprayed by this department.

The Insecticides used during the Campaign were 0·5% Lindane water emulsion, 9½% D.D.T. with ½% Lindane Powder and Tip Dressing containing Malathion. Aerosol fly sprays were also used effectively.

Results.

The results were satisfactory and there is no doubt that annual campaigns are proving their worth directly and indirectly through preventive propaganda in keeping fly nuisance down to a minimum.

The following table shows in detail the number and types of premises treated.

Various Premises and Areas Treated 1960.

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Dairies and Farms	–	1	–	–	12	–	–	3	–	–	–	2	–	–	–	–				–	–	1	–	19
Fish and Meat Premises ...	1	–	–	–	–			–	3	1	–	–	2					2	5	1				15
Garden and other Refuse Tips		–	1	2	1		–		1	–	–	1		4	-		–	–	–	1	–	4		15
Emergency Housing Areas, Hospitals, Institutions etc.	2	-	-	–	1	–	–	2	–		1	-	1	3				1	3	-	1	-	1	16
Piggeries				–	23	–	1	13	-		13	1									1	2	5	59
Stables	3		–	3	5	–	-	4	1		2			2					3					23
Yards and Areas	13	2	–	–	1	1		1		1				2	2	1		–	5	4	2	2		37
Cooking Centres	–	–	–	–	1	-	–	1	1	1		-	1					1		–	1		1	8
Common Lodging Houses	3	1	–	–	–											–			1					5
Dwelling Houses, Offices, etc.		–	–	–	–	–									1	-			4	–				5
	22	4	1	5	44	1	1	24	6	3	16	4	4	11	3	1	-	4	21	6	5	9	7	202

Number of additional treatments 177—Total 379.

FOOD HYGIENE.

During the year considerable progress was made in bringing food premises up to the standard required by the Food Hygiene (Scotland) Regulations, 1959. The accompanying statement of improvements carried out is indicative of the co-operation received from food traders.

FOOD HYGIENE (SCOTLAND) REGULATIONS, 1959.

	June to December, 1959	1960	Totals
Inspections	6,454	6,119	12,573
Contraventions	304	50	354
Intimations	667	348	1,015
Improvements :—			
New drainage systems installed	6	26	32
Forecourts or yards repaired or improved ...	—	7	7
New water-closets installed	15	79	94
Existing water-closets improved or repaired ...	27	99	126
Water-closets cleaned	21	45	66
Cold water supply installed or improved... ...	79	299	378
Hot water supply installed or improved	498	1,236	1,734
Wash-hand basins installed	255	567	822
Food preparation sinks installed	29	54	83
Equipment Washing Sinks installed	140	596	736
Lighting and Ventilation improved	21	136	157
Intervening ventilated spaces provided	10	147	157
Metal refuse bins with lids provided	4	103	107
Walls, ceilings, etc. cleaned or painted	189	566	755
Walls, ceilings, etc. repaired	103	153	256
Suitable storage accommodation provided ...	50	44	94
Protective screening for food on display provided	—	133	133
First-aid Equipment provided	221	304	525
Suitable clothing accommodation provided ...	8	196	204
Refrigerators provided	13	101	114
Dish washing machines provided	—	1	1
Vehicles cleaned and repaired	1	3	4
Vehicles—hot water supply installed	3	34	37
Total	1,693	4,929	6,622

The next and perhaps the most important step towards attaining complete hygienic handling and preparation of foodstuffs is the education of the food-handlers in the use of the equipment provided for them and their responsibilities to prevent contamination of food-stuffs and equipment. This may be a slow process but the District Inspectors report that many of the food-handlers welcome the Regulations and already are appreciating the need for higher standards.

Court proceedings had to be instituted against the manager of a Restaurant for a breach of Clause 5 of the Regulations, viz., " failing to take such measures as may be reasonably necessary to protect the food from contamination ". A customer complained to this department that he had been served with a meal consisting of stewed meat, potatoes and cabbage and in which he found a used finger dressing. He was able to produce witnesses who had seen the meal served to him and who corroborated that the manager had been shown the contaminated food. In court the manager pleaded guilty and was fined £10.

On making enquiries from the staff as to how the dressing got into the food the Inspectors discovered that one of the female workers who washed and prepared the cabbage had put an unprotected dressing on a cut on her finger and it was only after her work was finished that she noticed that the dressing had disappeared. She failed to notify the manager that this had happened. This incident shows how important it is for the management to impress on their workers the need to use only suitable waterproof dressings which are not likely to come adrift.

SALE OF FOOD AND DRUGS ACTS, ETC.

The year under review saw the centenary of the first general attempt to establish by legislation, control over the quality of food and drink sold to the general public. This Act viz., the Adulteration of Food or Drink Act, 1860, was described as an " Act for preventing the Adulteration of articles of food or drink " and in the preamble it was stated that " the practice of adulterating articles of food and drink for sale, in fraud of Her Majesty's Subjects, and to the great hurt of their health, requires to be repressed by more effectual laws than those which are now in force for that purpose ". Under the Act, Commissioners of Supply for Counties and Town Councils in Scotland, were empowered to appoint Analysts who would examine and analyse samples of food " on complaint made " by the purchaser. The Act, however, fell short of expectations due to its permissive nature but it was the forerunner of our present day enactments relating to food and drugs.

During the year, 1,626 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims made on the labels. Of these, 366 were statutory samples, which represented 54 different articles of food and drugs. Dr. A. Scott-Dodd, City Analyst, reported 3 or 0·82 per cent. as failing to comply with the legal requirements.

Milk.—The number of statutory samples of milk examined was 144 and of these all but one were reported to conform with the requirements of the Sale of Milk Regulations, 1901. The sample which was adversely reported on was a border line case. The average fat and solids-not-fat content of all milk samples taken, was 3·63 per cent. and 8·73 per cent. respectively much in excess of the presumptive standards of 3·0 per cent. and 8·5 per cent.

Four informal samples were found to be naturally deficient in solids-not-fat. All consisted of milk as it came from the cow, and as the law stands no legal offence is involved in the sale of such milk. Nevertheless, the nutritional loss was the same as in a milk which had in fact been adulterated.

This position it is hoped will be changed soon if effect is given to the recommendations of an Interdepartmental Committee on the composition of milk, whose report, after a sitting of over two years was published in September. The Committee, under the chairmanship of J. W. Cook, Esq., D.Sc., propose, *inter alia*, to raise the nutritional value of milk by a gradual improvement in the solids-not-fat content by marketing and statutory measures. The statutory measures include the replacement of the present out of date presumptive minimum standards, which do not prevent the sale of abnormal milk, by fixed minimum standards for whole milk of 3 per cent. fat and 8·5 per cent. solids-not-fat.

Channel Islands Milk.—The Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations, 1958, prescribe a minimum standard of 4·0 per cent. for the milk-fat content of milk sold under the description of " Jersey ". To ascertain the quantity of milk-fat contained therein, 67 samples of Jersey " Certified " Milk were obtained from various vendors in the City and submitted for chemical analysis. The City Analyst reported that with the exception of 3 samples, all contained at least 4·0 per cent. milk-fat. The average fat content of the samples was 4·58 per cent.

School Milk.—The milk supplied to the City schools under the Milk-in-Schools Scheme is of Tuberculin Tested (Pasteurised) grade. Of 81 samples taken, the average milk-fat was 3·65 per cent., a very satisfactory result.

Ice-cream.—The number of premises registered under the Ice-cream (Scotland) Regulations, 1948, at 31st December, 1960, for the manufacture, storage or sale of ice-cream was 207, and the number of vehicles registered for the sale of the commodity was 177. This was an increase of 2 and 29 respectively over last year. The premises were frequently inspected and the methods of manufacture and handling observed. In general, these operations were found to be satisfactory. Stances and vehicles were also kept under supervision.

The Ice-cream (Scotland) Amendment Regulations, 1960, which came into force on 23rd November, 1960, amend that part of the Ice-cream (Scotland) Regulations, 1948, which relates to the heat treatment of ice-cream by permitting an additional method of pasteurisation and a method of sterilisation. Exemption from the heat treatment requirements is provided, however, for water ices and ice lollies which are sufficiently acid to involve little risk of harmful bacteria being multiplied. Provision is also made for an ice-cream mixture which, after sterilisation, is put into sterile air-tight containers under sterile conditions, to be exempt from the normal requirements to maintain the mixture at a low temperature.

There were 106 samples of ice-cream purchased from various manufacturers and vendors in the City and submitted to Dr. A. Scott-Dodd, City Analyst, for chemical analysis. In addition, 110 samples were sent to the Professor of Bacteriology at Edinburgh University for examination. The results were as follows :—

(*a*) Chemical Analysis.—Of the 106 samples of ice-cream submitted for chemical analysis, 105 samples were obtained informally and one formally. All the samples with the exception of one informal sample, complied with the standards laid down in the Food Standards (Ice-cream) (Scotland) Regulations, 1959.

The average composition of all samples of Ice-cream and Dairy Ice-cream submitted for chemical analysis, including the substandard sample, was fat 9·5 per cent., and milk solids other than fat 10·2 per cent., which is considerably above the minimum legal requirements.

(*b*) *Bacteriological Examination.*—There is no statutory bacteriological standard for ice-cream. The Department of Health for Scotland in a circular dated 23rd November, 1960, pointed out, however, that the results of samples taken in recent years indicated that provisional standards of not more than 50,000 organisms per gram and no coliform bacteria in one-hundredth of a gram would more accurately reflect the efficiency of methods of manufacture, distribution or storage of ice-cream than provisional standards suggested in 1948.

Of the 110 samples submitted for bacteriological examination, 74 were considered, by the new standards, to be satisfactory and the remainder unsatisfactory, 10 because they had a plate count of more that 50,000 bacteria per gram, 13 because of coliform organisms present in one-hundredth of a gram and 13 because of a plate count of more than 50,000 organisms per gram with coliform organisms present. Special attention was given to those traders whose ice-cream failed to comply with the provisional standards. Subsequent samples taken were found to be satisfactory.

Ice-lollies.—Ice lollies were investigated with special reference to the possibility of metallic contamination acquired during processing. Eighteen samples were purchased from various manufacturers and vendors and submitted for analysis. Dr. A. Scott-Dodd reported 16 of the samples free from metallic contamination and the remaining 2 as containing very faint traces of copper.

Mince.—Thirty-one samples of mince were purchased from various butchers' shops and 2 of these were reported as not conforming to the Public Health (Preservatives, etc., in Food) Regulations (Scotland). Legal action was taken against one offender who pleaded guilty and was fined £10.

Sausages.—Fifty-three samples of sausages of various description were procured for chemical analysis. The City Analyst reported that, of these samples, 31 contained preservative within the limits specified by the Public Health (Preservatives, etc., in Food) Regulations (Scotland) and that the other 22 were found to be entirely free from preservatives.

Meat Pies.—To assist the Food Standards Committee in their investigation into the composition of meat pies, 25 pies were purchased, at their request, over the first six months of the year, and the resulting information forwarded to the Committee. The comments of Dr. A. Scott-Dodd, City Analyst, on the analytical aspects of the question are of special interest.

Summary of Meat Pies Analysed.

Weight of Small Pies (6d. and 8d.)—64·0 gms. to 155·2 gms.
Meat in Filler—33·8% to 98·0%
Meat Content in Whole Pie—8·7% to 38·3%
Filler in Whole Pie—1·3% to 31·2%

From the above summary it is evident that pies show some very marked differences in composition. Pies also vary as to the kind of filling from which they are made. For example, the filling may be either minced meat, sausage meat, scraps of any kind of meat or cooked meat. In the cases when cooked or corned meat is used the amount of filler may appear small, while the calculated percentage of meat in the whole pie may be normal or high.

It would therefore appear that the selection of a satisfactory pie by chemical analysis is one of extreme difficulty. In the first place definite analysis is rendered almost impossible as it is a physical impossibility to completely separate the filling from the pastry as the fat in the former tends to mingle with that of the pastry, which in most cases also contains fat. This means that the results at best can only be approximate.

One might define a satisfactory pie as one which gives one (i) a satisfactory weight of meat in the small pies (150 gms. or less). (ii) meat which is neither too fat or too lean and of good and tender quality and (iii) having a short and palatable pastry rather than a hard tough and unappetising one. The quality of the meat and pastry unfortunately cannot be decided by chemical analysis as a pie made from indigestible tough meat might give high analytical figures, but it would be a very unsatisfactory article of food.

As the meat is by far the most valuable item in a pie, it would appear that the best pies will be the ones in which one got the most meat for his 6d. or 8d. That being so, it would not matter much if a large or small amount of pastry accompanied it. From the results obtained in the pies from the City, the proportion of meat to pastry varies greatly but the general trend seems to be about 3 : 1, i.e., about $\frac{1}{4}$ of a pie is meat, and that variations are due to excess of pastry or the reverse.

As a result of studying the analytical figures obtained in this investigation, I am inclined to think that it is very difficult to lay down analytical standards for meat pies, which will be fair both to the public and to the manufacturers.

I am of opinion, that numerical figures, if chosen, should be simple ones to specify merely the amount of meat and percentage of fat therein.

From a survey of the pies I have examined I would suggest that a pie should contain at least 15 per cent. of meat and that this meat should contain not more than 25 per cent. of fat.

I would suggest that such a regulation might be satisfactorily dealt with by a Code of Practice rather than a statutory standard.

Investigations relative to the composition of pies have also been carried out many years ago. As there seemed to be an urgent need to prevent the sale of pies of very inferior quality a large number of pies were analysed for the City of Edinburgh. These results were reported in the Annual Reports of the Sanitary Department for the years 1954-1959. It was then suggested as a result of the knowledge thus acquired that a standard of 20 per cent. of meat in a whole pie would be reasonable. It would, therefore, appear that a reduction of the standard to 15 per cent. as now suggested is really lenient.

Potatoes.—Thirteen samples of imported and home grown potatoes were examined for arsenical or other chemical contamination. The City Analyst reported that there was no arsenic detected, either in the skins, or in the edible portion of the potatoes.

Oranges.—Twenty-four oranges purchased of Spanish, Israeli, Cyprian, Brazilian, South African and Jamaican origin, were analysed in order to detect the possible use of thiourea, which, when sprayed on the skins to suppress mould and rot, may penetrate into the juice. The sale of citrus fruit containing this chemical would be an infringement of the Public Health (Preservatives, etc., in Food) Regulations (Scotland). It was reported, however, that no orange had been so treated.

The Fertilisers and Feeding Stuffs Act, 1926.—Inspections were made of premises throughout the City where fertilisers and feeding stuffs are prepared for sale and consignment, and 6 samples of feeding stuffs and 2 samples of fertiliser were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. These samples were all of satisfactory composition.

The Merchandise Marks Act, 1926.—Inspections were made of business premises in the City in connection with the marking of certain imported foodstuffs which, under the above Act and relevant Orders must, on exposure for sale, bear an indication of the place of origin. It was found that, generally, the provisions of the Act and Orders were being complied with. Failure to have any of the required articles so marked at the time of visit was due to oversight or carelessness. In each case a subsequent visit proved that the warning had produced the desired effect.

The Rag Flock and other Filling Materials Act, 1951.—At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 13. This is a decrease of one over last year. Eleven samples of various kinds of specified filling materials were taken from registered premises in the City and submitted for testing to the City Analyst. The respective samples of washed flock, curled hair, woollen felt and coir fibre were subjected to the appropriate tests prescribed for each kind of material by the Rag Flock and other Filling Materials Regulations, 1951 and 1954. The City Analyst reported that the standard of cleanliness required by the Regulations had been complied with in each case.

The Pharmacy and Poisons Act, 1933, and Pharmacy and Medicines Act, 1941.—The number of applications received from persons and firms desirous of being registered by the Local Authority for the sale of poisons included in Part II of the Poisons List was 270. This is a decrease of 7 over last year. All the applicants were duly registered. The various premises were visited periodically in order to see that the requirements of the Acts were fulfilled. Warnings were given to 2 shopkeepers for selling Part II poisons without being on the Local Authority's list of persons entitled to sell such articles; they all decided not to sell these goods and discontinued the sale forthwith.

Milk Supervision.—The number of premises registered for the sale of milk under the Milk and Dairies (Scotland) Act, 1914, was 832 at 31st December, 1960. In addition, 11 milk vending machines were registered. The occupiers of the registered premises hold licences under the Milk (Special Designations) (Scotland)

Order, 1951, for the sale of the various grades of milk, viz., " Certified ", " Tuberculin Tested " " Pasteurised " and " Sterilised ".

During the year, 470 samples of the various grades of milk were submitted for examination to the Bacteriology Department of the University, to determine the cleanliness of the milk, and, where the samples were of heat-treated milk, tests were applied to determine the efficiency of the heat treatment. The results of the various tests are to be found in Appendices 10 and 11.

The number of firms licensed to heat-treat milk remains the same as last year, viz., five being licensed to pasteurise milk and one, in addition, to sterilise milk. The buildings and plants of these firms were regularly inspected, when it was found that the structural condition and cleanliness of the premises were satisfactory and the various items of equipment kept in good condition and in a very satisfactory state of cleanliness and sterility. The efficiency of the plants in heating the milk is shown in the highly satisfactory results obtained on samples of the processed milk; no samples of pasteurised milk failed the phosphatase test or sample of sterilised milk failed the turbidity test.

At one dairy a major re-construction of the premises and renewal of the plant and equipment was commenced during the year. By December new milk reception accommodation with modern reception and can washing equipment had been provided, and the first of three new bottle washing and milk filling machines, complete with mechanical de-crating of the dirty bottles and re-crating of the filled bottles, were in operational use. Other two dairies carried out small extensions to their premises and modernised various items of equipment.

On 1st April, 1960, the Scottish Milk Marketing Board achieved a long worked for ambition, viz., a supply of 100 per cent. Tuberculin Tested milk for the liquid market. The general public are now assured that all milk sold, whether pasteurised or not, comes from herds and farms which conform to the Tuberculin Tested standards as laid down by the Milk (Special Designations) (Scotland) Order, 1951.

The recent development of road tankers for transporting milk in bulk, reached the City on 17th October, when fully 2,000 gallons of milk were, for the first time, collected in bulk from specially approved bulk holding and cooling tanks at farms in the Lothians and transported by insulated road tanker to a City dairy. In this system of handling the commodity, the milk is cooled immediately after production and maintained at a temperature of 40° F. until uplifted by tanker. With the milk at this low temperature in an insulated tanker, it should arrive at the dairy fresher than could be expected in the past. The City dairy provides the private haulier with facilities for the cleaning and sterilisation of the road tanker after use.

The " Certified " milk sold in Edinburgh comes mainly from farms in the Lothians, Lanarkshire, Berwickshire and Dumfriesshire. This grade of milk is bottled on the farms and consigned to shops and dairies in the City for distribution. The results of bacteriological examination of samples of " Certified " milk showed that the milk supply from 9 producers was very satisfactory but the remaining 16 had one or more failures. Most of the samples which failed to pass the prescribed tests had Bacterium coli present. A note of the unsatisfactory results was in each case sent to the Medical Officer of Health or Sanitary Inspector for the area where the milk is produced and the manager of the Dairy in Edinburgh. A repeat sample was taken and in most cases the results showed that an improvement had been effected.

During the year, 14 complaints of foreign material in the milk and of dirty milk bottles were received from the public. These were investigated and in each case the necessary steps were taken to prevent a recurrence of the complaint.

Bakehouses.

Section 157 (1) and Part One of the 3rd. Schedule of the Factories Act, 1937, has been repealed by the Food and Drugs (Scotland) Act, 1956. Section 13 empowered the Secretary of State to make Regulations as to Food Hygiene, and these were implemented by the Food Hygiene (Scotland) Regulations, 1959, under which Bakehouses are now regularly inspected with a view to maintaining a satisfactory standard of cleanliness and hygiene.

PORT SANITARY INSPECTION.

Shipping Arrivals.

Vessels which arrived at Leith Docks and Granton Harbour from foreign ports numbered 1,138 representing 1,009,535 tons, while vessels which arrived from home ports numbered 804, representing 465,138 tons. Foreign fishing vessels numbered 56, representing 2,082 tons, while British fishing vessels numbered 767, representing 68,730 tons. The total number of ships, including steamers, motor and fishing vessels was 2,765 with a total tonnage of 1,545,485 tons.

Sanitation.

Under the Public Health (Scotland) Act, 1897, it is the duty of the local authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions aboard ships lying within their district. In giving effect to this requirement, the boarding, inspection and revisits of vessels totalled 1,935 and the insanitary conditions dealt with were 1,069, necessitating 483 verbal intimations.

Of the many insanitary conditions dealt with, the lack of cleanliness in respect of the floors, bunks, internal partitions and ceilings of crews' quarters and the offensive state of sanitary fittings were of the most frequent occurrence. The cleanliness of the bilges, drinking water tanks and the removal of garbage also called for careful supervision. The presence of cockroaches in galleys, stores and living quarters was dealt with by efficient fumigation or the use of insecticides.

A detailed statement of the insanitary conditions is appended to this report.

Water.

The water supplied to ships is identical to that of the City and is delivered by hydrants situated at the dockside. The drinking water on board ships is generally found to be satisfactory and the importance of having a pure and plentiful supply is fully appreciated.

Rat Destruction.

The total number of certificates granted to Masters of vessels was 115 of which 107 were exemption certificates. The total fees collected for these certificates was £284 13s. In eight cases it was necessary to request measures to be undertaken for the destruction of rats. Deratting Certificates were issued to two vessels treated by H.C.N. and to six vessels satisfactorily treated with Sodium Fluoroacetate. The total number of rats killed on board ships in port and on quays and wharfs was 690.

Under the Prevention of Damage by Pests (Application to shipping) Order, two Rodent Control Certificates were issued and the fees collected £2.

Rat destruction methods were undertaken in the dock area by the Dock Commission staff and during the year continuous warfarin baiting and trapping was effective in destroying 348 rats.

Clean Air.

During the year there were 86 instances in which black or dark smoke was emitted for periods longer than the permitted periods specified in the regulations. These emissions came from merchant vessels, fishery cruisers, tugs and steam cranes. In order to bring the requirements of the regulations to the notice of Masters of vessels, intimations setting forth the permitted periods were issued to all vessels arriving at the port.

A letter was sent to the owners regarding the apparent inability of one of their vessels to raise steam without emitting dense smoke.

Cleansing.

The Dock Commission continued to maintain a very high standard of cleanliness, the roads, sheds and sanitary conveniences being regularly attended to throughout the area.

In the execution of the duties of the Port Sanitary Department much valuable assistance has been received from H.M. Collector of Customs, the Leith Dock Commission, the Granton Harbour Official, the Ministry of Transport Marine Surveyors and the various shipping companies and agents, to whom I take this opportunity of expressing my thanks for their co-operation.

Appendices contain a detailed statement of the Port Sanitary work.

Prosecutions.

It was found necessary to institute legal proceedings in 34 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £76. Details of these prosecutions are given in Appendix 14.

STAFF.

I desire to express my cordial appreciation of the enthusiastic service
rendered by all members of the staff.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

JAMES ROBERTSON, M.R.S.A. (Scot.),
Chief Sanitary Inspector.

APPENDIX 1.

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1900:

Nature of Nuisance	WARDS 1 St Giles	2 Holyrood	3 George Square	4 Newington	5 Liberton	6 Morningside	7 Merchiston	8 Colinton	9 Sighthill	10 Gorgie/Dalry	11 Corstorphine	12 Murrayfield Cramond	13 Pilton	14 St Bernard's	15 St Andrew's	16 Broughton	17 Calton	18 West Leith	19 Central Leith	20 South Leith	21 Craigentinny	22 Portobello	23 Craigmillar	Totals
Water-Closets :—																								
Water closets introduced … … …	1	—	2	—	—	—	—	—	—	1	—	—	—	—	—	3	—	1	1	—	—	—	—	9
New apparatus substituted… … …	1	2	1	—	—	—	—	1	2	1	—	2	—	—	3	2	1	—	2	—	1	—	3	22
Improved or Repaired … … …	2	13	2	2	—	—	—	—	—	2	—	—	—	—	5	2	3	—	4	—	—	5	—	40
Water closets and sinks in filthy condition …	5	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	9
Choked water-closets cleared … …	3	5	1	—	—	—	—	—	1	—	—	—	—	1	4	2	2	—	2	—	—	—	—	21
New water-closet apartments provided …	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2
New bathrooms constructed … …	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	3
Sinks, Tubs and Wash-hand Basins :—																								
Sinks introduced … … …	3	1	—	—	1	—	2	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—	2	12
Insanitary Sinks abolished … …	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2
Earthenware Sinks and tubs introduced …	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Repairs (woodwork, etc.) … … …	5	6	1	—	—	—	2	—	—	2	—	—	—	—	—	1	3	1	—	2	—	4	1	28
Choked sinks cleared … … …	2	1	1	—	—	1	—	—	—	—	2	—	—	—	1	—	2	—	1	—	—	—	3	14
Wash-hand basins renewed … …	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Drains :—																								
Choked drains cleared … … . .	3	6	7	1	1	1	1	2	2	3	—	1	—	5	10	8	2	3	9	2	—	5	—	72
Choked surface traps cleared … …	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	3
Drains repaired or renewed … …	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	1	—	—	2	—	—	2	—	9
Soil pipes repaired or renewed … …	1	—	2	—	—	—	—	—	—	2	—	—	—	—	2	—	—	—	—	1	—	—	—	8
Sinks etc., waste pipes repaired or renewed	3	1	—	—	—	—	2	—	—	1	—	—	—	1	4	1	1	—	1	—	—	—	—	15
Rain water conductors repaired or renewed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Water Suplpy :—																								
Cisterns found dirty … … …	6	14	9	8	2	14	4	2	2	—	—	2	10	18	5	10	3	5	18	14	—	3	23	172
Cisterns found without covers … …	—	1	1	—	—	5	1	—	—	—	—	—	—	—	1	2	—	—	4	—	—	—	4	19
Cisterns repaired or renewed … …	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	—	—	—	—	7
Water pipes repaired or renewed … …	1	4	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
Houses temporarily without water supply due to burst pipes, etc. … …	1	4	2	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	—	1	—	—	—	12
Repairs to Houses :—																								
Floors, hearths, doors, walls, etc. repaired	11	21	4	—	—	1	1	—	—	1	—	1	—	—	3	5	4	2	7	—	—	3	1	65
Windows and skylights repaired … …	15	29	9	3	—	1	1	—	—	17	—	1	—	2	12	4	9	1	5	1	—	4	—	114
Coal bunkers repaired or provided …	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Grates or ranges repaired or substituted …	4	2	—	—	1	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	10
Wall and ceiling plaster repaired … …	18	32	8	—	—	—	—	1	—	5	—	—	—	4	6	1	5	5	4	2	—	3	3	97
Defective roofs repaired … … …	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Boiler of kitchen range repaired … …	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	3

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1960—*continued.*

Nature of Nuisance	WARDS																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	St Giles	Holyrood	George Square	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/ Cramond	Pilton	St Bernard's	St Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar	Total
Nuisances abated in Houses and other Premises:—																								
Floors and bedding of houses in a dirty condition...	—	—	1	—	—	—	—	—	—	—	1	—	—	—	2	—	—	2	—	—	—	—	—	6
Bad smells in houses and shops	24	7	12	6	6	8	8	6	5	11	13	4	1	9	25	12	11	17	12	2	2	12	4	217
Smoke in houses due to foul or defective vents	19	8	6	3	1	4	8	6	1	6	2	3	—	7	19	11	13	6	2	1	1	11	4	142
Dampness in Houses	12	14	9	1	10	—	5	6	1	9	1	2	16	5	11	13	9	7	8	4	4	14	15	176
Overcrowded families re-housed	83	125	20	18	23	4	9	8	32	46	6	4	62	15	43	53	74	22	64	45	23	41	41	861
Houses and Shops flooded from defects in flat above	4	7	3	—	—	—	1	—	—	1	—	—	—	1	4	5	11	5	2	—	—	2	—	46
Animals and birds kept in close proximity to houses...	7	7	10	—	4	1	7	1	4	3	—	1	3	3	13	13	6	5	2	—	3	9	3	105
Stairs, Passages, etc.																								
Staircases painted	11	45	50	19	—	18	61	—	141	125	—	—	49	80	50	85	54	42	46	59	3	31	23	1,062
Stairs and passages in a dirty condition and cleansed by tenants	29	39	50	11	3	18	24	4	5	16	2	2	23	33	47	11	22	23	20	8	10	17	10	457
General:—																								
Premises infested by bugs, fleas, etc. abated	8	7	10	2	3	4	6	3	3	13	1	3	5	7	6	7	10	15	5	1	1	9	14	146
Premises treated for bugs, fleas, etc. by this Department	69	24	2	19	14	9	15	47	1	39	39	14	24	20	21	21	29	20	24	16	5	16	34	531
Areas, backgreen, roofs, cellars, etc. cleansed	139	13	15	—	—	2	—	—	—	66	—	—	1	12	109	37	26	78	1181	681	18	4	881	3,273
Tenants casting garbage over windows ...	10	5	10	—	1	3	3	1	1	—	—	—	1	3	3	13	2	1	4	1	1	5	1	69
Noise nuisances abated	12	2	11	1	1	4	7	7	3	4	2	—	2	8	6	9	6	3	—	1	1	3	1	97
Seasonal workers huts found dirty ...	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	3
Miscellaneous nuisances removed ...	9	24	27	4	5	14	9	14	4	14	5	3	4	8	25	28	15	11	1	4	7	25	6	266
Disused cellars cleansed and closed ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	—	3
Totals	524	478	288	98	80	115	177	106	179	391	77	43	201	249	546	301	320	290	1430	828	110	228	1077	8,244

APPENDIX 2.

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY DEPARTMENT.

Number of visits to :—

Brokers Premises	77
Building Sites	39
Creameries and Pasteurisation Plants	36
Common Lodging Houses	36
Dairy Shops	953
Farmed-out Houses and Houses-let-in-Lodgings	14
Fried Fish Shops	352
Grocers	1,357
Hairdressers and Barbers	152
Hotels and Apartments	477
Ice-cream Shops	424
Offices	5
Offensive Trades	7
Pet Shops	42
Picture Houses and Theatres	9
Piggeries	15
Public Houses	526
Restaurants and Canteens	744
Schools	66
Seasonal Works Accommodation	19
Second-hand Furniture Shops	4
Showgrounds and Camping Sites	71
Stables	5
Premises other than above	4,636
Houses *re* overcrowding and recommendations to House-Letting Department	1,917
Houses for evidence of Bug Infestation prior to removal of tenants into Corporation properties	4,290
Properties *re* Painting of Common Stairs	5,397
Houses *re* Infectious Diseases enquiries	1,869
Houses under Housing (Repairs and Rents) (Scotland) Act, 1954 and Rent Act, 1957	20
Houses under Housing (Scotland) Act, 1950-1959	15,255
Houses under Clean Air Act, 1956	20,409
Premises *re* Nuisances	16,091
Premises *re* water sampling	1
Total	75,315

APPENDIX 3.

NOTICES.

Intimations of Existences of Nuisance served	384
Intimations served in connection with renewal of sinks and water-closets	25
Notices to remove nuisances served at the instance of the Local Authority	101
Notices delivered cautioning persons against garbage over windows	406
Notices served on occupiers failing to take rotation of stair washing and sweeping	145
Notices served for the Cleaning of Dirty Areas, Cellars, etc.	35
Notices served in connection with the painting of common staircases	7,513
Notices served in connection with cleansing of Water Cisterns	134
	8,743

SUMMARY.

Complaints by Citizens	2,050
Complaints by other Departments	65
Nuisances discovered and reported by District Inspectors	6,129
Total nuisances dealt with by Department	8,244

APPENDIX 4.

COMMON LODGING-HOUSES.

WARD	ADDRESS	ACCOMMODATION	
		Males	Females
	EDINBURGH		
1	75 Grassmarket	374	—
1	1 Pleasance	120	—
1	85 West Port	62	—
1	3 Merchant Street	—	73
1	5 and 7 Vennel	—	128
	LEITH		
19	5 Parliament Street	168	—
	Totals	724	201

FARMED-OUT HOUSES.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	18 Blackfriars Street	14	46
	Totals	14	46

HOUSES-LET-IN-LODGINGS.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	1 and 3 Blair Street	1	114
1	72 Grove Street	1	164
	Totals	2	278

APPENDIX 5.

ATMOSPHERIC POLLUTION—MONTHLY RECORD OF DEPOSITS 1960.

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January ...	1. Seafield	2·52	5·96	8·06	14·02
	2. Glencorse	3·92	1·16	3·05	4·21
	3. Astley Ainslie Institute ...	3·39	3·46	4·15	7·61
February	1. Seafield	1·34	3·79	3·93	7·72
	2. Glencorse	2·68	1·13	2·81	3·94
	3. Astley Ainslie Institute ...	2·25	4·60	3·94	8·54
March ...	1. Seafield	1·06	2·20	4·40	6·60
	2. Glencorse	1·46	0·92	1·71	2·63
	3. Astley Ainslie Institute ...	0·95	8·10	3.22	11·32
April ...	1. Seafield	0·35	0·30	2·68	2·98
	2. Glencorse	0·91	1·23	2·50	3·73
	3. Astley Ainslie Institute ...	0·67	1·66	2·35	4·01
May ...	1. Seafield	0·99	0·58	4·09	4·67
	2. Glencorse	1·14	2·87	2.09	4·96
	3. Astley Ainslie Institute ...	1·30	1·87	4·05	5·92
June ...	1. Seafield	0·55	0·27	2·03	2·30
	2. Glencorse	1·41	2·67	2·77	5·44
	3. Astley Ainslie Institute ...	0·39	2·56	1·90	4·46
July ...	1. Seafield	...	...	...	...
	2. Glencorse	2·80	2·32	3·46	5·78
	3. Astley Ainslie Institute ...	2·56	3·28	3·50	6·78
August ...	1. Seafield	3·59	8·70	4·84	13·54
	2. Glencorse	4·02	1·44	2·60	4·04
	3. Astley Ainslie Institute ...	4·49	5·98	4·08	10·06
September	1. Seafield	0·79	3·12	3·11	6·23
	2. Glencorse	1·89	1·23	3·83	5·06
	3. Astley Ainslie Institute ...	1·26	2·32	1·76	4·08
October ...	1. Seafield	2·01	5·65	6·20	11·85
	2. Glencorse	3·66	1·27	3·08	4·35
	3. Astley Ainslie Institute ...	3·59	5·26	7·89	13·15
November	1. Seafield	1·46	3·11	3·73	6·84
	2. Glencorse	3·62	1·54	4·72	6·26
	3. Astley Ainslie Institute ...	2·44	3·25	3·15	6·50
December	1. Seafield	1·85	4·71	3.52	8·23
	2. Glencorse	3·98	1·40	4·62	6·02
	3. Astley Ainslie Institute ...	2·44	4·12	3·67	7·79

APPENDIX 5A.

MEASUREMENT OF SULPHUR CONTENT IN THE ATMOSPHERE BY THE LEAD PEROXIDE METHOD EXPRESSED AS MILLIGRAMMES OF SO_3 PER DAY PER 100 SQUARE CENTIMETRES.

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	De
Seafield	1·69	1·27	0·46	0·92	0·75	0·75	0·32	0·53	0·4[illegible]	0·64	2·06	1·[illegible]
Astley Ainslie Institute ...	0·34	1·26	0·57	0·61	0·95	0·31	0·17	0·42	0·42	0·43	0·7[illegible]	1·4[illegible]
Robb's Loan, Gorgie ...	1·79	0·87	1·34	0·54	0·85	0·47	0·35	0·61	0·46	1·06	0·86	[illegible]

APPENDIX 6.

FACTORIES ACTS, 1937 to 1959.

Prescribed particulars on the administration of the Acts

1. Inspections.

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	184	71	1	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,915	1,011	7	...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	38	46	1	...
Total	2,137	1,128	9	...

2. Defects Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1) ...	45	43	...	22	...
Overcrowding (S.2)	1	1	...	...	...
Unreasonable temperature (S.3)	4	4	...	1	...
Inadequate ventilation (S.4) ...	7	7	...	...	...
Ineffective drainage of floors (S.6)	1	1	...	...	...
Sanitary conveniences (S.7)—					
(*a*) insufficient	36	35	...	3	..
(*b*) unsuitable or defective ...	101	96	...	19	...
(*c*) not separate for sexes ...	3	3	...	5	...
Other offences (not including offences relating to homework)	...	...	...	...	...
Total	198	190	...	50	...

3. Outwork (Sections 110 and 111).

Number of outworkers in August lists (*i.e.*, these residing in Edinburgh)	8
Nature of work :—	
Making wearing apparel	8

APPENDIX 7.

FACTORIES ACTS, 1937—1959—STATEMENT FOR 1960.

INSPECTIONS MADE		1,128
DEFECTS REMEDIED. HEALTH (GENERAL PROVISIONS) :—		
Cleanliness—		
Accumulations of dirt and refuse removed	12	
Floors cleaned	7	
Walls and ceilings cleansed (whitewashing, colourwashing, painting, varnishing or washing down)	24	
Overcrowding—		
Failure to affix notices in workroom specifying number of workers who may be employed therein	1	
Temperature—		
Adequate temperature for sedentary workers provided	2	
Means provided or improvements	2	
Ventilation—		
Mechanical ventilation introduced	1	
Means provided for removing fumes and other impurities	3	
Improvements effected in general ventilation	3	
Drainage of floors—		
Means provided for	1	
Sanitary Conveniences—		
Absence of sanitary accommodation ; water-closets introduced	1	
Additional water-closets introduced	28	
Separate accommodation for sexes provided	3	
Urinals introduced	6	
New apartments constructed or reconstructed	7	
W.Cs. abolished owing to unsuitability or disuse	1	
Intervening ventilated spaces provided	6	
Notices provided indicating convenience for each sex	1	
Lighting (natural) provided or improved	2	
Lighting (artificial) provided	12	
Ventilation provided or improved	2	
Walls and ceilings found dirty and limewashed, etc.	19	
Floors found dirty and cleaned	20	
Appliances found dirty and cleaned	14	
Repairs to appliances, roofs, floors, walls, ceilings, doors, windows, etc.	12	190
Miscellaneous—		
Sinks or washhand basins introduced or substituted	26	
Appliances repaired	4	
Main water supply introduced	2	
Hot water supply introduced	8	40
Total		230

APPENDIX 8.

SHOPS ACT, 1950—STATEMENT FOR 1960.

INSPECTIONS MADE :—	
Retail Shops, Wholesale Shops and Warehouses	3,071
CONTRAVENTIONS REGARDING HOURS OF EMPLOYMENT, CLOSING ORDERS, ETC. :—	
Failure to observe Evening Closing Orders or General Closing Hours ...	1
Failure to observe Half-holiday Orders and Closing for Weekly Half-holiday	39
NOTICES, ETC. :—	
Failure to display Notice where shop is open for the carrying on of a certain Trade or Business (*i.e.*, Mixed Shops)	10
Failure to affix Notice *re* seats for female shop assistants	1
HEALTH AND COMFORT PROVISIONS :—	
Ventilation—Improvements effected	6
Lighting—Improvements effected	6
Heating—Means provided or Improvements effected	3
WASHING FACILITIES :—	
Main Water supply introduced	1
Water supply introduced	2
Sinks or wash-hand basins introduced	59
Sinks removed to more sanitary situation	6
Hot water supply provided	46
Repairs to appliances	1
SANITARY ACCOMMODATION :—	
Water-closets introduced	2
New water-closet apartments constructed or re-constructed	4
Water-closets substituted (or replacements)	1
Separate sanitary accommodation provided for sexes	1
Intervening ventilated spaces provided	7
Lighting and/or ventilation provided or improved	11
Repairs to appliances, walls, ceilings, floors, windows, etc.	5
Dirty water-closets—cleansed or limewashed	4
Miscellaneous repairs, etc., in shops	2
CLEANLINESS :—	
Dirty walls and ceilings—painted or limewashed	14
Dirty floors, etc.	3
Accumulations of refuse removed	6
INTIMATIONS, ETC. :—	
Letters sent under Shops Act	39
Intimations served under Shops Act	1
PROSECUTIONS :—	
(*a*) Convictions	1
(*b*) Fines imposed	Nil

APPENDIX 9.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following report was sent to the Department of Agriculture. The figures include surveys under the Act :—

	Local Authority	Dwelling houses	Business	Agri-culture	Total
No. of Properties inspected					
(*a*) Notification ...	10	371	65	—	446
(*b*) Otherwise ...	16	—	2,255	29	2,300
Total	26	371	2,320	29	2,746
No. of Properties found infested	26	371	185	29	611
No. of Properties cleared	21	363	154	15	553

Number of items of repair carried out	27
Electricity junction boxes treated	18
Sewer manholes treated	73
Notices served under Prevention of Damage by Pests Act, 1949	—
Total visits made	5,401

Complaints of Rat or Mouse Infestation.

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Complaints received ...	29	21	19	11	15	5	15	21	19	19	29	13	15	42	20	12	16	39	24	5	12	31	14	446
*Infestations abated ...	27	18	18	13	15	3	13	21	16	25	34	14	12	44	22	10	17	35	21	5	14	32	17	446
Visits made	70	77	71	40	43	10	48	83	54	90	137	42	32	194	70	45	60	158	90	18	41	123	53	1.649

* 48 of the infestations were notified in the previous year.

Insect Infestation.—The following table shows the number of apartments treated for verminous infestation in each ward -the total number being 531.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	23	Total
Bugs—																								
Infestations	10	7	–	–	–			–		9			1	1	–	1	4	1	2	–	3	–	8	47
Suspected and Precautionary			–	–	–	–			–				4		1		–	–	–	1	–	–	1	7
Other insects	59	17	2	19	14	9	15	47	1	30	39	14	19	19	20	20	25	28	22	15	2	16	25	477
Total ...	69	24	2	19	14	9	15	47	1	39	39	14	24	20	21	21	29	29	24	16	5	16	34	531

APPENDIX 10.

MILK TESTING SCHEME.

Number of Samples taken for Bacteriological Examination :

Certified	133
Tuberculin Tested (Bottled)	16
Tuberculin Tested (Pasteurised)	152
Tuberculin Tested (Pasteurised—School)	85
Pasteurised	60
Sterilised	24
	470

APPENDIX 11.

SUMMARY OF RESULTS.

Tuberculin Tested (Pasteurised), Pasteurised and Sterilised Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	Classification of Failures	
			Phosphatase Test	Coliform Test
T.T. Pasteurised	152	147	...	5
T.T. Pasteurised (School) ...	85	84	...	1
Pasteurised	60	60	...	...
Sterilised	24	24	...	...

Certified and Tuberculin Tested Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	Classification of Failures		
			Plate Count	Coliform Test	Plate Count and Coliform Test
Certified	133	95	8	25	5
Tuberculin Tested	16	13	...	2	1

APPENDIX 12.

PORT SANITARY INSPECTION.

Annual Statement—Year 1960.

Ships boarded and inspected	1,328
Re-visits made	607
Nuisances discovered	1,069
Nuisances abated	1,026
Communications written	6
Verbal Warnings	483
Ships fumigated or otherwise treated for vermin	26
Deratting Certificates issued	8
Deratting Exemption Certificates granted	107
Rodent Control Certificates issued	2
Rats exterminated	690
Rats submitted for bacteriological examination	6
Found negative	6
Factories—Inspections and re-visits	28
Clean Air Act—Observations made	86
Notices served	53
Fees collected	£286 13s.

Nuisances Discovered.

Accumulations of garbage	388
Choked and defective scruppers	59
Choked and defective latrines	28
Choked and defective sinks	21
Choked and defective wash-basins	19
Dampness in quarters	5
Dirty floors, tables, decks, etc.	127
Dirty bunks and bedding	26
Dirty partitions and ceilings	42
Dirty lockers	46
Dirty and offensive bilges	9
Dirty fresh water tanks	6
Dirty galleys, foodstores, pantries, etc.	23
Dirty wash-places	27
Foul closets and latrines	14
Foul sinks	19
Foul baths	7
Foul wash-basins	33
Presence of rats and mice	14
Presence of cokroaches	12
Emissions of black or dark smoke	86
Miscellaneous	58
	1,069

APPENDIX 13.

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1952.

Edinburgh Port Health Authority.

1. Amount of shipping entering the Port in 1960 :—

	Number	Tonnage
(1) Foreign	1,138	1,009,535
(2) Coastwise	804	465,138
Total	1,942	1,474,673

2. Total number of vessels subjected to measures of rat destruction in 1960.

"A"

No. of Vessels subjected to measures of Rat destruction	On Ships		On Shore		No. of dead Rats found Infected with Plague	
	No. of Dead Rats recovered	No. of Rats examined bacterio-logically	No. of Rats destroyed (other than on Ships)	No. of Rats examined bacterio-logically	On Ships	On Shore
14	342	6	348	Nil	Nil	Nil

State species of rats found (*a*) On Ships :—Black and Brown.
(*b*) On Shore :—Black and Brown.

"B"

No. of Vessels fumigated by SO_2	No. of Dead Rats recovered	No. of Vessels fumigated by HCN	No. of Dead Rats recovered	No. of Vessels in which poisoning, etc., was employed	No. of Dead Rats recovered	No. of De-ratting Certificates Issued	No. of De-ratting Exemption Certificates Issued
Nil	Nil	2	58	12	284	8*	107

3. Number of vessels (included in (2) above) de-ratted before discharge of cargo :—

Nil

State briefly the nature of the cargo and the results of the measures taken.

* Deratting Certificates were issued to 6 vessels satisfactorily treated with Sodium Fluoroacetate.

APPENDIX 13—*continued.*

" C "

PRECAUTIONS AGAINST PLAGUE.

Particulars relating to vessels infected, or suspected, or from infected ports.

Date of arrivals 1960	Whether infected, suspected, or from infected ports	Measures of Rat Destruction	No. of Rats killed	Whether a Certificate of De-ratting issued	Remarks
Nil	Nil	Nil	Nil	Nil	Nil

No plague " infected " or " suspected " vessel or vessel from infected port arrived during the year.

" D "

Vessels other than those dealt with in Form " C " subjected to measures of rat destruction.

No. of Vessels fumigated by SO_2	No. of Rats killed	No. of Vessels fumigated by HCN	No. of Rats killed	No. of Vessels in which poisoning etc., was employed	No. of Rats killed	No. of De-ratting Certificates issued	No. of De-ratting Exemption Certificates issued	Remarks
Nil	Nil	2	58	12	284	8*	107	Ropes and hawsers rat guarded.

* Deratting Certificates issued to 6 vessels satisfactorily treated with Sodium Fluoroacetate.

APPENDIX 14.

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December, 1960

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
1	Failure to remove a nuisance caused by wash-hand basin and bath waste pipe being defective.	Public Health (Scotland) Act, 1897 Section 16 (1)	Burgh	Case deserted—work done.
2	Failure to cleanse and purify floors, walls and ceiling and remove accumulation of waste-paper, rubbish, etc.	Edinburgh Corporation Order, 1933, Section 159 (3).	Burgh	Fined £2.
3	Failure to remove a nuisance caused by disrepair of window and wall plaster in kitchen.	Public Health (Scotland) Act, 1897, Section 16 (1).	Burgh	Case continued—work done.
4	Failure to remove a nuisance caused by dampness of walls and door standard and vestibule floor being in disrepair.	Public Health (Scotland) Act, 1897, Section 16 (1).	Burgh	Fined £44, 10s. including daily penalties.
5	Failure to wash and sweep common lobby and stair.	Bye-laws for Cleansing of Common Stairs and passages.	Do.	Admonished.
6	Failure to cleanse and paint common stairs.	Edinburgh Corporation Order, 1933, Section 144.	Do.	Admonished—work done.
7	Failure to wash and sweep common stair.	Bye-laws for Cleansing of Common Stairs and passages.	Do.	Fined £2.
8	Failure to cleanse and paint common stairs	Edinburgh Corporation Order, 1933, Section 144.	Do.	Case continued—work done.
9	Do.	Do.	Do.	Admonished—work done.
10	Do.	Do.	Do.	Case continued—work done.
11	Do.	Do.	Do.	Case deserted—Change of ownership.
12	Failure to wash and sweep common stairs.	Bye-laws for Cleansing of Common Stairs and passages.	Burgh	Fined £1.
13	Failure to remove a nuisance caused by ceiling plaster in kitchen being in disrepair.	Public Health (Scotland) Act, 1897, Section 16 (1).	Do.	Court Order granted. Work to be carried out by Corporation Contractor. Account to be rendered and collected by City Collector.

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1960—*continued*

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
14	Failure to cleanse and paint common stairs.	Edinburgh Corporation Order, 1933, Section 144.	Do.	Case continued—work done.
15	Do.	Do.	Do.	Case deserted—change of ownership.
16	Failure to take necessary measures to protect food from contamination.	Food Hygiene (Scotland) Regulations, 1959, Section 5.	Sheriff	Fined £10.
17	Failure to observe weekly half-holiday	Shops Act, 1950, Section 1 (1).	Do.	Admonished.
18	Failure to cleanse and purify walls, floors, ceilings, etc. and remove accumulation of rubbish.	Edinburgh Corporation Order, 1933, Section 159 (1 and 2).	Burgh	Case continued—work done.
19	Preservative in mince.	Food and Drugs (Scotland) Act, 1956, Section 2 and Public Health (Preservatives in Food) Regulations (Scotland) 1925, Section 4.	Sheriff	Fined £10.
20	Failure to wash and sweep common stair.	Bye-laws for the cleansing of Common Stairs.	Burgh	Fined £3 on first count, fined £3 on second count.
21	Failure to remove a nuisance caused by (1) walls in room being damp and wall plaster being in disrepair (2) walls of lobby and kitchen being damp.	Public Health (Scotland) Act, 1897, Section 16 (1).	Do.	Case continued—work done.
22	Failure to sweep and wash common stairs.	Bye-laws for the cleansing of Common Stairs.	Do.	Fined 10s.
23	Failure to cleanse and paint common stairs.	Edinburgh Corporation Order, 1933, Section 144.	Burgh	Case deserted.
24	Do.	Do.	Do.	Do.
25	Do.	Do.	Do.	Do.
26	Do.	Do.	Do.	Do.
27	Do.	Do.	Do.	Case deserted—work in hand.
28	Do.	Do.	Do.	Do.
29	Do.	Do.	Do.	Do.
30	Do.	Do.	Do.	Do.
31	Do.	Do.	Do.	Do.
32	Do.	Do.	Do.	Do.
33	Do.	Do.	Do.	Do.
34	Do.	Do.	Do.	Case continued—work done

APPENDIX 15.

HOUSING (REPAIRS AND RENTS) (SCOTLAND) ACT, 1954.

Return of Certificates issued by the Local Authority under Part II of the above Act between 30th August 1954 (the date of the commencement of the Act) and 5th July 1957.

I. Certificates of Disrepair issued under Section 18(1) of the 1954 Act.

	No. of Applications for Certificates	Granted	Refused	Withdrawn or still under consideration	No. of Applications for Revocation of Certificates *	Granted	Refused	Withdrawn or still under consideration
(*a*) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act	298	76	203	19	59	56	2	1
(*b*) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increases of rent are recoverable under Section 2(1) (*c*) and (*d*) of the Increase of Rent and Mortgage Interest (Restrictions) Act, 1920	55	30	8	17	11	11	Nil	Nil

* Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August 1954.

II. Housing (Repairs and Rents) (Scotland) Act, 1954 and Rent Act, 1957.

Return of Certificates issued by the Local Authority between 6th July 1957 (the date of commencement of the 1957 Act) and 31st December, 1960, in respect of dwelling-houses which have been the subject of notice of a repairs increase of rent under the 1954 Act or a 1957 increase.

Certificates of Disrepair Section 18(1) of the 1954 Act: Section 8(1) of the 1957 Act.

No. of applications for Certificates since 6/7 57	Granted	Refused	Withdrawn	Still under consideration	No. of applications for Revocation of Certificates since 6/7/57	Granted	Refused	Withdrawn	Still under consideration
299	189	92	18	Nil	34	34	Nil	Nil	Nil

III. Certificates of (i) repair and (ii) refusal to grant repair certificate issued under Section 20 and the Second Schedule of the 1954 Act.

No. of Applications for Certificates of Repair	Granted	Certificates of Refusal issued	Withdrawn or still under consideration	No. of Applications for Revocation of Certificate of Refusal	Granted	Refused	Withdrawn or still under consideration
4	2	2	Nil	Nil	Nil	Nil	Nil

VETERINARY SERVICES.

REPORT BY THE VETERINARY INSPECTOR.

MILK AND DAIRIES.

Milk and Dairies (Scotland) Act, 1914.—During the year 70 visits were made to premises registered under the Milk and Dairies (Scotland) Act, 1914, for the purpose of supervising the cleanliness of the dairy premises and the methods of milk production.

At December, 1960, there were 12 registered dairy herds within the city boundary. The total number of cows in these herds was approximately 400.

Milk (Special Designations) (Scotland) Orders, 1951 and 1952.—During the year 11 producers held licences for the production of designated milk; two of these related to " Certified " milk and nine to " Tuberculin Tested " milk. The " Certified " licences were held by Messrs N. N. Little & Sons in respect of milk produced at Braehead Mains and Cammo Home Farm, Barnton and by Mr John G. Blake of Bonaly Farm, Colinton.

Bacteriological Examination of Milk.—During the year 61 routine samples of milk were examined :—

	Samples taken
Certified	9
Tuberculin Tested	45
Non-designated	7
	61

Certified Milk.—The standard laid down in the above Orders for Certified Milk is that the bacterial count should not exceed 30,000 bacteria per ml., and B. coli should be absent from 0·1 ml. All samples taken this year complied with the above Orders.

Tuberculin Tested Milk.—The standard laid down for T.T. milk is that the bacterial count should not exceed 200,000 bacteria per ml., and B. coli should be absent from 0·01 ml. Two samples failed in respect of high bacterial count and the presence of B. coli, and three failed the B. coli test.

INSPECTION OF MEAT.

The comparison of the total number of animals killed for the years 1959 and 1960 is shown in Table I.

TABLE I.

	1959	1960
Oxen	27,350	30,326
Bulls	221	324
Cows	5,147	3,472
Heifers	3,290	2,691
	36,008	36,813
Calves	4,358	4,688
Sheep	255,385	220,592
Swine	42,494	44,836
	338,245	306,929

It is to be noted that the number of cattle, calves and pigs slaughtered in 1960 was higher than in 1959 but the number of sheep killed has fallen by 35,000. As stated in last year's Report this was to be expected and was due to the fact that farmers, faced with the problem of scarcity of grass following the warm dry summer of 1959, marketed large numbers of their fat lambs in the autumn of that year instead of keeping a proportion of them for slaughter in the Spring of 1960.

Carcases and Offal Condemned in Abattoir.—Carcases partially or wholly condemned in the city abattoir weighed 76·08 tons. To this there falls to be added 131·44 tons (weight estimated) of condemned offal, making a total of 207·52 tons. Comparison between the weight of meat seized on account of tuberculosis with other non-tuberculous diseases shows that tuberculosis was responsible for 26·5 per cent. of all beef seized and destroyed and 1·01 per cent. of pork.

Number and weight of carcases in the different classes of animals condemned at abattoir during 1960 :—

TABLE II.

Class of Animals	Totally Condemned		Partially Condemned		Total Weight in lbs.
	Number	Weight in lbs.	Number	Weight in lbs.	
Oxen ...	17	8,172	384	14,895	23,067
Bulls ...	—	—	8	157	157
Cows ...	41	17,572	165	6,518	24,090
Heifers ...	6	1,758	16	561	2,319
Calves ...	63	2,895	26	434	3,329
Sheep ...	531	22,772	2,297	29,108	51,880
Swine ...	298	36,301	2,157	29,283	65,584
Total ...	956	89,470	5,053	80,956	170,426

TABLE III.

Comparison between tuberculous and non-tuberculous diseases as causes of condemnation in carcases of animals slaughtered in abattoir during 1960 :—

By Numbers		Cattle						Swine	Sheep	Grand Total
		Oxen	Bulls	Cows	Heifers	Calves	Total			
Tuberculous ...	Total	7	—	2	—	1	10	5	—	15
	Partial	79	—	35	4	2	120	3	—	123
Total and Partial ...		86	—	37	4	3	130	8	—	138
Non-tuberculous	Total	10	—	39	6	62	117	293	531	941
	Partial	305	8	130	12	24	479	2,154	2.297	4.930
Total and Partial ...		315	8	169	18	86	590	2,447	2,828	5.871

By Weight	Tuberculous (lbs.)	Non-tuberculous Disease (lbs.)	Percentages Tuberculous
Oxen	10.728	12.339	46·50
Bulls	—	157	— 26·5
Cows	2,228	21,862	9·24
Heifers	186	2,133	8·02
Calves	177	3.152	5·31
Sheep	—	51.880	—
Swine	664	64.920	1·01

TABLE IV.

Percentage incidence of tuberculosis in animals slaughtered at abattoir during 1960 :—

Cattle	Oxen	1·02	1·31
	Bulls	0·93	
	Cows	4·00	
	Heifers ...	1·26	
Calves			0·51
Swine			1·56

TABLE V.

Causes of Condemnation	Cattle										Swine		Sheep	
	Oxen		Bulls		Cows		Heifers		Calves					
	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial
Tuberculosis	7	79	—	—	2	37	—	4	1	2	5	3	—	—
Emaciation and Oedema ...	2	1	—	1	6	2	—	—	23	—	37	9	298	105
Abscess and Sepsis	—	53	—	—	1	14	2	1	8	4	102	464	43	279
Septic Pneumonia and Septic Pleurisy	1	7	—	—	2	1	—	1	6	3	64	264	48	1028
Pneumonia and Pleurisy ...	—	7	—	—	—	1	—	—	—	1	2	91	—	40
Peritonitis and Septic Peritonitis	1	44	—	3	—	30	—	4	5	4	16	281	8	209
Bruising and Fractures	—	48	—	1	2	37	—	3	—	4	—	316	11	231
Arthritis and Septic Arthritis ...	—	4	—	—	1	2	—	1	—	6	6	293	6	229
Mastitis and Lact Udders ...	—	—	—	—	—	6	—	—	—	—	—	297	—	55
Acute Mastitis	—	—	—	—	6	4	—	—	—	—	—	—	9	4
Skin Tuberculosis	—	14	—	—	1	2	—	—	—	—	—	—	—	—
Actinobacillosis	—	117	—	1	1	8	—	1	—	—	—	—	—	—
Acute Enteritis	1	—	—	—	1	—	—	—	6	—	9	—	12	—
Tumours	—	—	—	1	2	6	2	—	1	—	7	2	17	34
Septic Metritis	—	—	—	1	5	3	1	—	—	—	10	28	17	17
Septic Pericarditis	—	—	—	—	1	—	—	—	—	—	2	1	3	1
Hernia	—	—	—	—	—	—	—	—	—	1	—	51	—	41
Melanosis	—	2	—	—	—	1	—	—	—	—	—	—	—	—
Nephritis	—	1	—	—	—	1	—	—	1	—	5	13	1	6
Dead, Moribund, Ill-Bled and Decomposed	2	—	—	—	1	—	—	—	4	—	18	—	168	—
Fat Necrosis	—	—	—	—	—	3	—	—	—	—	—	1	—	2
Uræmia	—	—	—	—	—	—	—	—	—	—	2	—	2	—
Gangrene	2	—	—	—	—	—	—	—	—	—	4	—	13	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	2	38	—	—
Toxæmia (Fevered)	1	—	—	—	3	—	—	—	5	—	18	—	28	—
Cysticercus Bovis	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice	—	—	—	—	1	—	—	—	5	—	5	—	4	—
Odour	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Johnes Disease	1	2	—	—	6	7	1	1	—	—	—	—	—	—
Spondylitis	—	—	—	—	—	—	—	—	—	—	—	5	1	4
Adenomatosis	—	—	—	—	—	—	—	—	—	—	—	—	1	11
	19	379	—	8	42	165	6	16	66	25	314	2157	690	2297

Echinococcus.—Echinococcus Granulosus is a tape worm which lives in the small intestine of a dog and whose intermediate stage—hydatid cyst—is found in the lungs and liver of sheep, cattle, pigs and occasionally man. The incidence in sheep which have been consigned to the Slaughterhouse from various parts of Scotland has, in recent years, been negligible (0·0014 per cent.), but it is interesting to record that in 3,700 sheep sent from the South-west of England between March and June of this year, the incidence was found to be 1·1 per cent. This parasite is of considerable public health importance and every effort should be made to eradicate the infection.

Tumours.

TABLE VI.

Incidence of Tumours.

Year	CATTLE		SHEEP		PIGS	
	Number affected	Incidence %	Number affected	Incidence %	Number affected	Incidence %
1959 ...	16	0·04	58	0·02	8	0·02
1960 ...	11	0·03	65	0·03	13	0·03

The incidence of tumour growth in animals slaughtered for food is very low, as indicated in Table VI. This is in large measure due to the fact that a very high proportion of the animals are killed while still quite young—sheep and pigs below one year ; cattle in their second or early third year. The site of tumours in cattle and pigs varies so much that no predilection site can be shown. In sheep, however, the liver and intestines are most commonly involved as shown in Table VII.

TABLE VII.

Location of Tumours Found in Sheep.

Year	Lungs only	Liver only	Intestine and Peritoneum only	All other sites
1960 ...	1	16	24	24

It is very difficult to draw conclusions from such small numbers but, in my opinion, adeno carcinoma of the gut with spread to the peritoneum seems to be on the increase. It is interesting to note that lung tumours which are so common in the human population are very rare in food animals.

Salmonella Infection.—Recent work in this country and abroad has shown that the source of salmonella infection in meat products is often due to the rapid spread of salmonella infection which occurs in food animals in lairages while they are awaiting slaughter. There has also been a reported increase of this infection in calves in this country. During the year cæca from 574 calves slaughtered at Gorgie were submitted to Mr G. S. Ferguson, The Royal (Dick) Veterinary School of Studies, for cultural examination and two were found positive. One hundred and fifty-six pig cæca were submitted and all were found negative on examination.

Thirty-seven pig dung samples were collected from the slaughterhouse lairage and on examination one was found positive for salmonellæ.

Eight samples of pig hair collected from the paddles of the dehairing machine were found to be negative.

Cysticercus Bovis (Measly) Beef.—The following table shows the incidence of Cysticercus Bovis during 1960 :—

Month	C. Bovis	Cattle killed
January	22	2,848
February	16	2,614
March	24	3,584
April	17	2,773
May	14	2,799
June	19	2,631
July	11	3,189
August	22	2,858
September	25	2,875
October	22	3,933
November	14	3,375
December	5	3,334
	211	36,813

which means that there were 211 cases out of a total of 36,813 cattle, representing 0·57 per cent. of the total. There was one generalized case.

Actinobacillosis.—The number of cattle which showed Actinobacillosis was 335 which gives the incidence of 0·91 per cent. Of that number 202 had the disease in the structures of the head only.

Condemned Carcases.—As in past years, all condemned carcases have been converted in the IWEL plant at Gorgie Abattoir into meat and bone meal after the abstraction of fat for soap manufacture.

Laboratory Report.—Routine bacteriological examination of all casualty animals for the presence of food poisoning organisms has continued as in previous years.

Summary of Work.—Bile samples were taken from 1,127 animals and plated out for culture media.

Cultural Examinations.

887 showed no bacterial growth.
218 showed B. coli.
2 showed Salmonellæ.
8 showed Para-colon bacilli.
3 showed Enterococci.
5 showed Proteus.
4 showed Staphylococcus.

The two salmonellæ cases type Salmonellæ choleræ-suis occurred in pigs and although only isolated from the gall bladder were both seized as this was in conjunction with a generalised sepsis in one case and septic pneumonia in the other.

Six animals showed infection with Para-colon bacilli in the bile only and were passed, but one pig carcase in a very poor condition and a calf showing umbilical infection were condemned.

Three sheep and one cow were all seized for acute mastitis caused by hæmolytic staphylococci.

Many miscellaneous examinations included examination for tuberculosis, Johne's disease, swine erysipelas and casual organisms in localised lesions. In addition 126 dead animals were examined for anthrax all of which were negative. By far the greatest number of these were sheep which had died in the lairages, market premises or on their arrival at the railway sidings. Many blood smears from cattle were also examined for anthrax on account of enlarged spleens found at the time of slaughter. These were all negative and the cause was probably due to the factors arising from the actual slaughtering technique.

Livestock Markets.—Sales of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs John Swan and Messrs Oliver and Son Ltd. Messrs W. Bosomworth and Sons held their sales in the Corporation market.

The following table indicates the number of animals passing through the markets during 1960 :—

Cattle	20,719
Calves	3,625
Sheep	189,183
Swine	21,830
	235,357

The market for store stock was held on Wednesday of each week. The following table shows the number of animals passing through the store market :—

Cattle	19,984
Sheep	92,052
Swine	68,765
	180,801

INSPECTION OF OTHER FOODS.

Food Hygiene Regulations (Scotland) 1959 and Section 9 of the Food and Drugs Act 1956.

The routine inspection of foodstuffs in shops under Section 9 of the Food and Drugs Act 1956 is combined with the duties under the Food Hygiene Regulations and as stated in last year's Report, particular attention is paid by the Meat Inspection staff to butchers' and fishmongers' shops. The following table shows the number of visits paid to shops, etc., during 1960 :—

Fruit Markets	196
Provision Shops	2,221
Butchers' Shops	1,158
Fish Markets	329
Live Stock Markets	312
Meat Sales & Cold Stores	1,940
Fruit Shops	317
Fish Shops	344
Restaurants	55
Cooking Centres & Canteens	48
Bakeries ; Bakers' Shops	96
Householders	34
Dairies	14
Manufacturers' Premises	42
Miscellaneous Visits	33
	7,139

During the year twelve complaints were received in respect of foreign material in foodstuffs, e.g., nails, pieces of wood, etc., seven complaints in respect of mould on sausage rolls and pies and two in respect of mould in lemon juice sold in plastic "lemons." Three complaints were received in respect of abnormal taste in bottled ærated waters. These were due to the fact that empty bottles are often used to carry liquids with a strong odour, e.g., disinfectant, paraffin, etc., and when eventually these bottles are returned to the ærated water manufacturers, despite all precautions taken, an occasional stopper with contaminated rubber ring is used, with resulting taint of contents. All these incidents were thoroughly investigated and measures suggested to prevent a recurrence of the complaint.

Tinned Meat.—In March of this year a wholesaler requested advice concerning a large consignment of tinned Pork Luncheon Meat, which had been packed in Belgium. The tins were 12 oz. in weight and on examination it was found that at least 40 per cent. of the tins were badly blown. The entire consignment, consisting of 693 cases was seized but the Importer asked permission to have them exported to Holland instead of being destroyed. This permission was granted but the Department of Health was informed so that the Dutch Authorities could be notified of the return of this material to Holland.

Coconut.—During 1960, forty samples of coconut were taken at various bakeries and wholesalers and submitted for bacteriological examination to determine the presence of salmonellæ. Two of the samples were positive—Salm. kvittingfoss and Salm. wayeross—being recovered. The affected coconut was roasted before removal from the wholesalers' premises.

It has been established that coconut from Ceylon is frequently contaminated with Salmonellæ of various types and even S. paratyphoid B. has been recovered. One large bakery sought advice in setting up a satisfactory pasteurisation process and it was found that if the coconut was spread thinly on trays and subjected to live steam for quarter-of-an-hour the risk of infection was very much reduced. After steaming, the coconut was dried in a warm room but, in view of the fact that its keeping quality might be impaired, only quantities sufficient to last a few days were treated at one time.

Imported Egg.—During the year a total of 264 egg samples were taken and submitted to Edinburgh University Bacteriological Department for Salmonella examination. Fifty-six consignments of egg albumen and dried eggs from Denmark were received at Leith Docks. All samples were found to be free from S. typhi-murium.

Fifteen consignments of Dutch Frozen Egg Whites were sent to cold stores in the city and investigation revealed that one consignment was heavily infected with S. bareilly. A very large number of tins were involved and the whole consignment was returned to Holland. A further five consignments were sent direct from Leith to cold stores in Glasgow, Aberdeen and Dundee. Results of bacteriological examination carried out in these cities showed no evidence of infection.

Bulk Whole Egg.—Two firms were engaged in the breaking out of shell eggs and the freezing of the yolk and albumen in bulk for use in the bakery industry. Samples were submitted to the Bacteriological Laboratory for the following :—

(1) Bacterial Count at 22° F.
(2) Bacterial Count at 37° F.
(3) B. coli estimation and
(4) a determination as to the presence of salmonella infection.

The total number of samples taken was 18 and the table below indicates the findings :—

Premises	No. of Samples Taken	Average Bacterial Count at 22° F. per ml.	No. of Bacterial Counts at 22° F. over 1,000,000	Average Bacterial Count at 37° F.	Typical B. coli present	Salmonella
A	9	46,164	—	22,166	—	—
B	9	537,833	1	251,611	1	1 S. thompson

This is the first time that S. thompson has been isolated from home egg in either plant. The infection, however, must have been very slight as extensive sampling of tins of egg produced on the same day gave negative results.

Meat Contracts.—Periodic visits were made to School Meals Cooking Centres in order to check the quality of meat supplied by butchers. Samples of sausages were taken and submitted to the City Analyst for an estimate of their meat and fat content. By arrangement with the Regional Hospital Board, forty-eight visits were made by the Inspectors of the Veterinary Section to various hospitals in the city, to check the quality of meat and fish supplied by the various contractors.

Retail Shops, etc.—Requests are still being received from food traders who wish to obtain Condemnation Certificates for unsound foodstuffs so that they can claim from the manufacturers or importers. As in past years, the chief commodity dealt with was tinned goods. During the year 18,200 Condemnation Certificates were issued.

Approval of Meat Storage.—Article 15 of the Public Health (Meat) Regulations (Scotland) 1932, requires persons selling meat from vans, carts, etc., who do not also keep an open shop for the sale of meat, to obtain from the local authority a certificate of approval of the accommodation provided for the storage of meat overnight. Three applications were received during 1960 and the storage accommodation provided in each case was satisfactory.

Certification for Export.—As a precaution against Foot-and-Mouth Disease many countries abroad require the disinfection and certification of straw, hay and sacks used for packing goods exported to them from this country. This disinfection is still being carried out satisfactorily by the Edinburgh Hygienic Company and during the year eight certificates were issued.

Certain countries require a certificate stating that animal products originating from this country are free from certain diseases and 196 certificates were issued in respect of wool exported to Italy ; 3 certificates in respect of wool to Sicily ; 4 certificates in respect of wool to Belgium and 2 certificates in respect of wool to South Africa.

Other countries require a certificate stating that the imported foodstuffs are sound and have been handled in a hygienic manner in this country. During the year 34 certificates were issued in respect of sausage skins to France, Italy, Austria, Spain and United States of America ; 65 certificates were issued in respect of frozen fish (Squid) to Italy and 1 certificate in respect of frozen codfish to Cuba.

The weight of foodstuffs seized in markets, shops and other premises in the city during 1960 was as follows :—

	Weight in lbs.
Soup	5,685
Milk	1,426½
Jam	1,064
Vegetables	69,834
Beef	12,945½
Meat	12,214¾
Cooked Ham	13,827
Pork	9,181¼
Frozen Hen Egg Albumen	660
Fruit (Fresh)	405
Fruit (Tinned)	23,031¼
Fruit (Dried)	225
Poultry and Game	3,829¼
Fish	7,348½
Cheese & Cheese Spread	150
Sugar	32
Confectionery	42
Macaroni	169
Miscellaneous	8,149¼
	170,219¼

Equal to ... 75 tons, 19 cwts., 3 qrs., 7¼ lbs.

PORT FOOD INSPECTION.

Imported foodstuffs inspected under the Public Health (Imported Food) cotland) Regulations, 1937, during 1960 :—

Country of Origin	Foodstuffs	Number of Consignments	
Holland	Bacon	96	
	Butter	168	
	Cheese	168	
	Fresh Pork	15	
	Lettuce	140	
	Apples	42	
	Onions	42	
	Carrots	98	
	Canned Foods	1,659	
	Frozen Hen Egg Whites	13	
	Frozen Whole Egg	1	
	Pears	14	
	Tomatoes	149	
	Melons	98	
	Tea	168	
	Eggs	168	
	Cauliflowers	28	
	Lard	168	
	Grapes	168	
	Beetroot	28	
	Cucumbers	162	
	Cabbages	14	
	Gherkins	14	
	Frozen Pork	3	
	Farino	28	
	Fennells	17	
	Lemons	28	
	Oysters	1	
	Beef Filletts	6	
	Fresh Beef Tenderloins	29	
	Carcases of Veal	27	
			3,760
Denmark	Bacon	96	
	Butter	114	
	Eggs	114	
	Cheese	114	
	Marzipan	114	
	Pickled Veg.	2	
	Canned Foods	2,443	
	Egg Albumen	38	
	Lard	62	
	Icing Sugar	92	
	Frozen Poultry	36	
	Salted Pig Tongues	43	
			3,268
Belgium	Canned Foods	686	
	Carrots	96	
	Onions	96	
	Cabbages	56	
	Melons	24	
	Lettuces	56	
	Pears	16	
	Oat Flour	45	
	Grapes	32	
	Peas	18	
	Beetroot	37	
	Cucumbers	72	
	Dried Peas	24	
	Dried Vegs.	16	
			1,274

France	Lettuce	20	
	Carrots	94	
	Onions	59	
	Canned Foods	624	
	Cucumbers	6	
	Confectionery	6	
	Cauliflowers	94	
	Crispbread	22	
	Lard	88	
	Gherkins	28	
	Tomatoes	13	
	Grapes	5	
	Pears	6	1,065
Germany	Canned Meats	14	14
Malta	Potatoes	6	6
Cyprus	Potatoes	9	
	Carrots	8	
	Oranges	6	23
Sweden	Pig Carcases	2	
	Hen Egg Powder ...	2	4
Morocco	Oranges	1	1
Israel	Oranges	3	3
Poland	Onions	1	1
Canada	Apples	2	
	Pears	2	
	Grapes	2	
	Flour	8	
	Canned Foods	27	41
			9,460

Imported foodstuffs condemned, rejected or re-exported at Port of Leith during 1960 :—

	Weight in lbs.
Grapes	144
Frozen Pig	139½
Onions	18,928
Lettuce	432
Carrots	68,886
Tinned Luncheon Meat	1,880
Potatoes	4,368
Beetroot	1,176
Cheese	10½
Butter	84
Cauliflowers	828
Beef Tenderloins	588
	97,464

Equal to ... 13 tons, 10 cwts., 0 qrs., 24 lbs.

In August a consignment of 450 cases of tins of Luncheon Meat which was imported from Holland appeared to be in a "blown" condition, but on further examination it was found that the convexity of the ends of the cans was due to overfilling. The importers, however, rejected the entire consignment.

Fifty cases of Dutch Pork Luncheon Meat arrived in the same ship but in this instance 50 per cent. were definitely blown. The importers preferred to re-export rather than to destroy the tins at Leith.

Summary showing the total diseased and unsound foodstuffs dealt with by the department in the city during 1960 :—

	Weight in lbs.
At abattoir—carcases	170,426
—offal (weight estimated)	294,430
In shops, warehouses, etc.	170,219¼
At Port of Leith	97,444
	732,519¼

Equal to ... 327 tons, 0 cwts., 1 qr., 11¼ lbs.

DISEASES OF ANIMALS ACTS.

The Acts confer power on the Ministry of Agriculture and Fisheries to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcases, to control the conditions of transport of animals by land and sea, and for other similar purposes. The following diseases are subject to administrative control by means of Orders by the Ministry :—

Anthrax.
Foot and Mouth.
Swine Fever.
Bovine Tuberculosis and Contagious Abortion (certain purposes only).
Fowl Pest.
Atrophic Rhinitis.
Parasitic Mange of Horses (1948).
Sheep Scab (1952).
Cattle Plague or Riderpest (1877)
Contagious Bovine Pleuro-pneumonia (1898).
Epizootic Lymphangitis (1906).
Glanders and Farcy (1928).
Rabies (1922).
Sheep Pox (1850).

There have been no cases of the last eight diseases in Great Britain since the date shown against each.

Anthrax.—The number of anthrax cases in Great Britain decreased from 263 in 1959 to 221 in 1960. During the year five suspected cases were notified within the city boundary but on investigation these proved negative.

Foot and Mouth Disease.—The number of confirmed cases of Foot and Mouth Disease (for the whole of Great Britain) increased from 45 in 1959 to 298 for 1960. This entailed the slaughter of 63,631 animals.

During November and December this year, Edinburgh was involved in the very large outbreak which commenced in the North-east of England and spread to many parts of Scotland via Aberdeen Market. The areas mainly affected were the Counties of Aberdeen, Stirling, Lanark and Fife and the Cities of Aberdeen, Glasgow and Edinburgh.

On the 13th November, the Ministry of Agriculture imposed a Foot and Mouth (Controlled Area) Restriction Order which involved all the counties of Scotland south of the Caledonian Canal. The Public Health Committee authorised the holding of a market for fatstock on Wednesday, 16th November and Tuesday, 22nd November. During the period when this Order was in force a total number of 901 licences were issued to permit the movement of stock to the markets and slaughterhouse.

On Thursday, 17th November, 1,450 sheep and 22 cattle were landed at Leith Docks ex the Orkney Islands and all the cattle and 770 sheep were licensed to the slaughterhouse ; one hundred-and-forty sheep to fields in the city and 540 sheep were moved to Lockerbie slaughterhouse. When Foot and Mouth Disease was confirmed in Orkney on the 19th November, officials of the Ministry of Agriculture, fearing that there may have been some contact, requested that all these sheep be killed off immediately. This was carried out on Sunday, 20th November.

As " Hallow Fair " was due to be held on Monday, the 14th November, over 900 Irish store cattle were lying in the market lairage when the above Order came into force and as no movement of store stock is permitted from a market in a " Controlled Area " these animals could not be licensed to farms. Every encouragement was given to the Irish dealers to sell their stock privately to butchers for slaughter and when the Order was revoked on Wednesday, 23rd November, only 146 cattle remained. This was very fortunate as subsequent events proved.

On Friday, 25th November, an animal which had passed through Gorgie Market was found to be affected with Foot and Mouth Disease at a farm near Tranent, East Lothian. Form " A " restrictions were applied to the Corporation Market and the 97 animals which were in the lairages were valued by the Ministry of Agriculture Veterinary officials, destroyed and buried in the paddock adjoining the market. A Disinfection Notice was served on the Superintendent of the Markets requesting the disinfection of the Slaughterhouse and the Corporation Market. Disinfection of the slaughterhouse was completed within three days and the market within a fortnight. During the period of the restrictions a total of 630 licences were issued. The restrictions were removed on Saturday, 10th December.

In enforcing the Regulations I received the greatest co-operation from the market staff, farmers, livestock salesmen and no administrative difficulties were encountered.

The Diseases of Animals (Waste Foods) Order, 1957.—The above Order places the responsibility for inspecting and licensing of boiling plants on the local authority. In addition precautions must be taken to prevent the access of animals to unboiled swill and to prevent the mixing of uncooked with boiled swill. Swill must be boiled for at least one hour.

During the year 71 visits were paid to premises to inspect the boiling plants, and to ensure that raw swill was properly handled.

Swine Fever.—The number of confirmed cases in Great Britain decreased from 1,321 in 1959 to 1,213 in 1960. There were no outbreaks of Swine Fever in the city during 1960.

The Regulation of Movement of Swine Order, 1959, states that no sale of pigs can be held unless it is authorised by the Local Authority. Messrs John Swan and Sons and Messrs Oliver and Son Ltd., New Mart Road, were authorised to hold markets and all store pigs leaving the premises could only do so under licence. During the year, 35,705 pigs were licensed from Swan's and 33,060 pigs from Oliver's, necessitating the issue of 3,598 licences.

The above Order also requires the licensing of pigs from Fatstock Centres, and during the year, 21,830 pigs were licensed requiring the issue of 786 licences.

Bovine Tuberculosis.—As in 1959 no tubercular cows were found on routine inspection of the city byres.

Fowl Pest.—There were 2,301 notified cases in Great Britain of this disease during 1960. No outbreaks occurred in the city.

Sheep Scab.—There have been no cases of Sheep Scab in Great Britain since 1952. The number of sheep dipped at the Corporation market in 1960 was 256.

Warble Fly.—Under the Warble Fly (Dressing of Cattle) Order of 1948, all cattle infested with Warble Fly must, during the months from March to June, be dressed periodically by the owner. During the year, 28 visits were paid to stock owners in the city by the Assistant Veterinary Inspector in order to ensure their co-operation in carrying out this dressing.

IMPORTATION OF ANIMALS.

(1) **Irish Cattle.**—The order which controls the importation of Irish cattle provides that the imported cattle must be landed at ports approved for the purpose where, on arrival, they are inspected and thereafter may be moved on licence, in the case of fat cattle to a slaughterhouse either direct or through an authorised market, and in the case of store cattle to (*a*) a specially authorised market, or (*b*) farms or other premises where they must be detained for six days after arrival. At Gorgie market 9,322 Irish cattle were received under licence from ports and 610 licences were issued authorising movement of these cattle from the market. There were 173 Irish cattle moved to farms in the district of the local authority from the markets or direct from the ports, and they were maintained under observation during the period of detention. A total of 5,196 fat Irish cattle and 1,574 sheep were licensed from the ports to Gorgie abattoir.

(2) **Dogs and Cats.**—The Importation of Dogs and Cats Order, 1938, is intended to protect Great Britain against the introduction of rabies through the

agency of canine and feline animals brought from overseas. The landing of such animals in Great Britain is prohibited except under licence granted by the Ministry of Agriculture. After landing, the animals must be maintained for six months in a place of detention or quarantine approved by the Ministry for the purpose. During the year 47 dogs and 12 cats were received and detained in the city in quarantine. They were detained under observation and police supervision.

Sea Transport of Animals (Protection Order), 1957.—There were no shipments of cattle to the Continent this year.

During the year 13,597 sheep, 312 cattle, 76 ponies, 196 pigs, 9 horses and 952 lambs were landed at Leith Docks from coastwise vessels (mainly from Orkney and Shetland). The cleansing and disinfection of the vessels after landing of the animals was carried out under the supervision of the officers of the local authority.

The Transit of Animals Order is similarly designed to protect animals during transit by road or rail and, in addition, prescribes cleansing and disinfection of cattle trucks, motor and horse-drawn vehicles used in the transport of animals. The Market Committee has continued to provide facilities and labour at Gorgie markets for the cleansing and disinfection of road vehicles. During the year 4,486 vehicles were cleansed and disinfected, an average of 86 vehicles per week. The railway officials have satisfactorily discharged their obligation in the cleansing and disinfection of cattle trucks and approaches.

Market, Sales and Lair Order.—This Order regulates many features in the construction of livestock markets and provides for cleansing and disinfection on each occasion after use. All the markets at Gorgie are well constructed for efficient and relative easy disinfection. Regular supervision has been maintained and the work generally has been well done.

Pet Animals Act, 1951.—This Act controls the sale of pet animals and during the year 24 pet shops were licensed by the local authority. Sixty visits were made and no contraventions of the Act were encountered. One complaint was received concerning the sale of a pup alleged to have been sold while suffering from distemper but on investigations the allegation was not substantiated.

Farms.—The department has continued to provide the clinical services required in connection with the stocks at Roddinglaw and Bangour Farms.

Papers Published.—The following paper was published during the year :—

" Canicola Fever in Man from contact with Infected Pigs " in the British Medical Journal.

Police Stud.—Twenty-eight visits of inspection were paid to the Police Stud.

Police Services.—I wish to express gratitude to the Chief Constable for his willing co-operation, and to the officers of the police force whose assistance has contributed materially to the efficient performance of the duties under the Diseases of Animals Acts.

INDEX.

Page

Accidents—
  Accident Prevention Council ... 6, 169
  Child Deaths ... 43
  Home Accidents Reported ... 169
  Prevention of ... 169
  Deaths from Home Accidents ... 110

Actinobacillosis ... 214

Almoner ... 12, 150, 152
Ante-Natal Clinic ... 40, 55
Anthrax ... 221
Anti-Fly Campaign ... 180
Assessment Panel—Mental Health ... 158
Atmospheric Pollution ... 178, 195, 196
Audiometric Testing ... 73, 99

Bacteriology Reports—Veterinary ... 214
Bacteriological Services ... 19, 139
B.C.G. Vaccination—
  School Health ... 77, 97
  Prevention of Tuberculosis ... 110
Births—
  Live ... 27, 28, 41, 57
  Still ... 27, 28, 42, 58
  Illegitimate ... 28, 42, 57
  In Wards ... 34
  Rates ... 6, 27, 28, 57, 58
Bovine Tuberculosis ... 223
Bronchitis—Deaths from ... 29

Cancer—Analysis of Deaths ... 32
Care of Mothers and Young Children— ... 7, 37
  Ante-Natal Clinic ... 40, 55
  Child Welfare Clinics ... 44, 63
  Deafness in Infants and Young Children ... 52
  Dental Services ... 48, 65
  Infant Feeding Centre ... 48
  Mother and Baby Homes ... 49, 66
  Nurseries ... 7, 45, 46, 63, 64
  Nursery and Child Minders' Registration ... 47, 64
  Opthalmia Neonatorum ... 44, 62
  Post Natal Clinics ... 40, 55

INDEX—*continued.*

Care of Mothers and Young Children—*continued*— *Page*
  - Puerperal Fever and Puerperal Pyrexia ... 40, 55
  - Staphylococcal Infections in Families ... 53
  - Toddlers' Playgrounds ... 47, 65
  - Ultra Violet Ray Clinics ... 45, 63
  - Vaccinations and Immunisations ... 45
  - Welfare Foods Distribution ... 47, 65

Carcases Condemned in Abattoir ... 210, 214
Care and After Care—Mental Health ... 156, 161
Cerebro Spinal Meningitis ... 134
Chiropody Service for Old People ... 165
Cl. Welchii ... 130
Class Inspections—School Health ... 83
Clean Air Act 1956 ... 4, 176
Clinics
  - Ante Natal ... 40, 55
  - Chest—T.B. ... 112
  - Child Welfare ... 44, 63
  - Post Natal ... 40, 55
  - School ... 71
  - Ultra Violet Ray ... 45, 63

Club and Guild Meetings ... 105
Compulsory Removals—Old People ... 164
Condemnation Certificates Retail Shop ... 218
Cysticercus Bovis (Measly) Beef ... 214

Day Care Centre, Mental Health ... 161
Day Nurseries ... 8, 45, 63
Deaths—
  - Age, Sex and Cause ... 30
  - Children under 5 years, Causes of ... 42, 61
  - Home Accidents ... 109
  - Infants ... 27, 42, 59, 60, 61, 62
  - In Wards ... 34
  - Neo-Natal ... 27, 42, 58, 59, 60
  - Principal Causes ... 29
  - Principal Epidemic Diseases ... 29
  - T.B. ... 27, 29, 115, 117, 118

Death Rates ... 28, 29
Deafness—
  - Pre-School Children ... 52
  - School Children ... 73

Dental Services—
  - Mothers and Young Children ... 14, 48, 65
  - School Health ... 14, 72, 94

Diphtheria ... 76, 121, 122, 134
Diseases of Animals Act ... 221

INDEX—*continued.*

Page

Disease of Animal (Waste Food) Order 1957 ... 222
Domiciliary Services— ... 146
    Almoner ... 12, 150, 152
    Home Help Service ... 11, 149
    Home Nursing (Q.I.D.N.S.) ... 10, 146, 148
    Home Nursing Equipment ... 149
    Maternity and Nursing Homes ... 151
    Midwifery ... 10, 39, 55
    Nursing Agencies ... 151
    Sighthill Health Centre ... 151
Dysentry ... 133

Erysipelas ... 133
Expenditure ... 6, 36
Export Certificates (Packing Material) ... 218

Food Poisoning ... 129
Food Hygiene ... 181
Foot and Mouth Disease ... 221
Fowl Pest ... 223
Factories Acts 1937 and 1948 ... 178, 196, 197
Fireguard Scheme ... 109

Hairdressers and Barbers ... 172
Health Centre, Sighthill ... 151
Health Committee—Members of ... 24
Health Education— ... 17, 101
    In Schools ... 101
    Clean Air Exhibition ... 102
    Club and Guild Meetings ... 105
    Evaluation ... 105
    Mental Health Exhibition ... 103
    Scottish Council for Health Education ... 105
Health Visitors ... 8, 50, 66, 73, 111
Health Visitors' Training Course ... 51
Heart Diseases—Deaths from ... 29
Heights and Weights—School Children ... 85, 92
Home Helps ... 11, 149
Homes for the Aged ... 163, 164
Home Nursing (Q.I.D.N.S.) ... 10, 146, 148
Home Nursing Equipment ... 149
Homes for Mothers and Young Children ... 49, 66
Home Safety Committee ... 21, 108
Hospital Admissions—T.B. ... 112, 114
Hospital Bed Accommodation—T.B. ... 113
Housing—Sanitary ... 11, 167
Housing—T.B. ... 113, 119
Housing (Scotland) Acts ... 168, 207

INDEX—*continued.*

Page

Immunisations—
  Child Welfare 45
  Schools 76
  General 16, 121
  Survey 126
Importation of Animals 223
Infant Feeding Centre 48
Infantile Paralysis Fellowship 22
Infant Mortality 27, 42, 59, 60, 62

Infectious Diseases—
  Notifications 15, 75, 128, 135
  Cerebro Spinal Meningitis 134
  Diphtheria 76, 134
  Dysentery... 133
  Erysipelas 133
  Food Poisoning 129
    Salmonellae 129
    Staphylococci 129
    Cl. Welchii 130
  Measles 134
  Paratyphoid B 128
  Pneumonia, Influenzal 134
  Pneumonia, Primary 134
  Poliomyelitis 76, 134
  Scarlet Fever 133
  Typhoid Fever 128
  Weil's Disease 133
  Whooping Cough 134
Influenza 29
Inhabited Houses 27, 28, 35
Inspections, Sanitary 193
Inspections and Treatment—School Children 71, 79, 83, 86, 91
Inspection of Foods—Veterinary 209, 215

Joint Committee on School Medical Services 67

Laundry Service for Old People 165
Laundry—T.B. 112
Livestock Markets 215
Lodging Houses 172, 194
Lung Cancer 5, 32

Marriages 27, 29
Maternal Deaths 27, 41, 56
Maternity and Nursing Homes 151
Meals, School Children 78

Page

- Measles ... 134
- Meat Contracts ... 217
- Meat Storage Approval ... 218
- Mental Health Services— ... 3, 155
  - Assessment Panel ... 158
  - Care and After Care ... 156, 161
  - Day Care Centre—Willowbrae House ... 161
  - Mental Illness ... 156
  - Non-Residential Services ... 160
  - Phenylketonuria ... 162
  - Residential Services ... 157, 159
  - Short Stay Care, Willowbrae House ... 160
  - Working Party ... 155
- Midwifery ... 10, 39, 55
- Milk Testing ... 200, 201
- Milk and Dairies ... 209
- Mothercraft Instruction ... 78
- Mother and Baby Homes ... 49, 66

- Neo-Natal Mortality ... 27, 42, 58, 59, 60
- Nervous Diseases—Deaths from ... 29
- Notices Served—Sanitary ... 193
- Nuisances and Structural Defects ... 171, 191
- Nurseries, Day and Residential ... 7, 45, 46, 63, 64
- Nursery and Child Minders' Registration ... 47, 64
- Nursery Nurses Hostel ... 47
- Nursing Agencies ... 151
- Nursing Homes ... 151

- Offensive Trades ... 172
- Opthalmia Neonatorum ... 44, 62
- Overcrowding ... 170

- Packing Material—Export Certificates ... 218
- Paratyphoid B ... 128
- Phenylketonuria ... 52, 162
- Physically Handicapped Children ... 82, 93, 100
- Pneumonia Influenzal ... 134
- Pneumonia Primary ... 134
- Poliomyelitis—
  - Notifications ... 76, 134
  - Vaccinations ... 124

INDEX—*continued.*

Page

- Population ... 5, 27, 28
- Port Food Inspection ... 219
- Port Health Supervision ... 120
- Port Sanitary Inspection ... 188, 202
- Post Natal Clinic ... 40, 55
- Pre-Apprenticeship Examinations ... 84
- Prevention of Damage by Pests Act 1949 ... 199
- Prosecutions—Sanitary ... 189, 205
- Puerperal Fever and Pyrexia ... 40, 55

- Queen's Institute of District Nursing ... 10, 146, 148

- Remand Home ... 83
- Research ... 22
- Residential Services—Mental Health ... 157, 159
- Residential Nurseries ... 8, 46, 64
- Residential Homes—Old People ... 163
- Residential Schools and Institutions ... 81
- Rodent and Insect Control ... 174
- Re-Housing on Health Grounds ... 119

- Salmonella Infection—Veterinary ... 213
- Salmonellae—Food Poisoning ... 129
- Sanitary Services— ... 19, 167
  - Anti-Fly Campaign ... 180
  - Atmospheric Pollution ... 178, 195, 196
  - Clean Air Act 1956 ... 4, 176
  - Factories Acts 1937 and 1959 ... 178, 196, 197
  - Hairdressers and Barbers ... 172
  - Food Hygiene (Scotland) Regulations 1959 ... 181
  - Housing ... 167, 207
  - Inspections ... 193
  - Lodging Houses ... 172, 194
  - Milk Testing ... 200, 201
  - Notices served ... 193
  - Nuisances and Structural Defects ... 171, 191
  - Offensive Trades ... 172
  - Port Sanitary Inspection ... 188, 202
  - Prevention of Damage by Pests Act 1949 ... 199
  - Prosecutions ... 189, 205
  - Rodent and Insect Control ... 174
  - Sale of Food and Drugs Act ... 182
  - Shops Act 1960 ... 179, 198
  - Smoke Abatement ... 175
- Scarlet Fever ... 133
- School Health Services— ... 13, 68
  - Audiometric Testing ... 73, 99

INDEX—*continued.*

School Health Services—*continued* — *Page*

- B.C.G. Vaccination ... 77, 97
- Class Inspections ... 83
- Clinics ... 71
- Dental Services ... 14, 72, 94
- General Statistics ... 69
- Hand Drying Facilites ... 70
- Heights and Weights ... 85, 92
- Health Visitors—School Nursing ... 73
- Immunisations ... 76
- Infectious Diseases ... 75
- Joint Committee on School Medical Services... 67
- Meals ... 78
- Medical Inspections and Treatment ... 71, 79, 83, 86, 91
- Mental Deficiency ... 83, 93
- Mothercraft Instruction ... 78
- Physically Handicapped Children ... 82, 93, 100
- Pre-Apprenticeship Examination ... 84
- Remand Home ... 83
- Residential Schools and Institutions ... 81
- Sanitation ... 70
- Tuberculosis ... 77, 97
- Vision Testing ... 73, 98

Scottish Council for Health Education ... 105

Sheep Scab ... 223

Short Stay Care, Willowbrae House ... 160

Sighthill Health Centre ... 151

Staphylococcal Infection in Families ... 53

Staphylococcii ... 129

Staff—

- Health Services ... 24
- Public Health Department ... 25

Swine Fever ... 223

Smallpox ... 125

Survey of Protective Inoculations ... 126

Temporary Accommodation ... 164

Toddlers' Playgrounds ... 47, 65

Town and Country Planning (Scotland) Act 1947 ... 169

Tumours—Cattle ... 215

Typhoid Fever ... 128

Tuberculosis— ... 15, 110

- Laundry ... 112
- Chest Clinic ... 112
- Hospital Admissions ... 112, 114
- Hospital Bed Accommodation ... 113
- Housing ... 113, 119
- Health Visitors ... 111
- B.C.G. Vaccination ... 77, 97, 110, 113
- Deaths ... 27, 29, 115, 117, 118

INDEX—*continued.*

Tuberculosis—*continued* Page
  Death Rates—
    Scotland ... 114
    Wards ... 115
  Disinfection ... 119
  Notifications ... 116, 117
  Respiratory ... 111, 114, 116, 117
  Non Respiratory ... 116, 117, 118
  Register ... 111

Ultra Violet Ray Clinic ... 45, 63

Vaccinations ... 16, 45, 121
Venereal Diseases ... 18, 142
Veterinary Services— ... 19, 209
  Actinobacillosis ... 214
  Anthrax ... 221
  Bacteriology Reports ... 214
  Bovine Tuberculosis ... 223
  Carcases Condemned in Abattoir ... 210, 214
  Condemnation Certificates (Retail Shops) ... 218
  Cysticercus Bovis (Measly) Beef ... 214
  Diseases of Animals Acts ... 221
  Diseases of Animals (Waste Food) Order 1957 ... 222
  Export Certificates (Packing Materials) ... 218
  Foot and Mouth Disease ... 221
  Fowl Pest ... 223
  Importation of Animals ... 223
  Inspection of Foods ... 209, 215
  Livestock Markets ... 215
  Meat Contracts ... 217
  Meat Storage Approval ... 218
  Milk and Dairies ... 209
  Port Food Inspection ... 219
  Salmonella Infection ... 213
  Sheep Scab ... 223
  Swine Fever ... 223
  Tumours—Cattle ... 213
  Warble Fly ... 223
ital Statistics (*see also* Births, Deaths, Marriages, Population)
  Births—
  Live ... 5, 27, 28, 33, 34, 41, 57
  Still ... 27, 28, 42, 57
  Illegitimate ... 27, 28, 42, 57
  Birth Rate ... 5, 27, 28, 57
  Deaths by Age, Sex and Cause ... 30
    ,, ,, Bronchitis ... 29
    ,, ,, Cancer ... 29, 32
    ,, ,, Heart Diseases ... 29
    ,, ,, Infant and Child Deaths ... 27, 42, 56, 60, 61, 62
    ,, ,, Infectious Diseases ... 29
    ,, ,, Maternal ... 27, 41, 56
    ,, ,, Neo-Natal ... 27, 42, 58, 59, 60
    ,, ,, Nervous Diseases ... 29
    ,, ,, Principal Causes ... 29

INDEX—*continued.*

Page

Vital Statistics—*continued*—
  Inhabited Houses ... 27, 28, 35
  Marriages ... 27, 33
  Population ... 5, 27, 28
Voluntary Organisations— ... 21
  Accident Prevention Council ... 21
  Infantile Paralysis Fellowship ... 22
  Mental Welfare Association ... 21
  Voluntary Health Workers' Association ... 21
  Women's Voluntary Service ... 22

Ward Statistics ... 28, 34
Weil's Disease ... 133
Welfare of the Aged— ... 18, 163
  Chiropody Service ... 165
  Compulsory Removals ... 164
  Laundry Service ... 165
  Residential Accommodation ... 163
  Temporary Accommodation ... 164
  Voluntary Homes ... 164
Welfare Foods ... 47, 65
Whooping Cough ... 123, 134
Willowbrae House—
  B.C.G. ... 113
  Day Care Centre ... 161
  Short Stay Care ... 160
Working Party—Mental Health ... 155

HUGH PATON AND SONS LTD., PRINTERS, EDINBURGH